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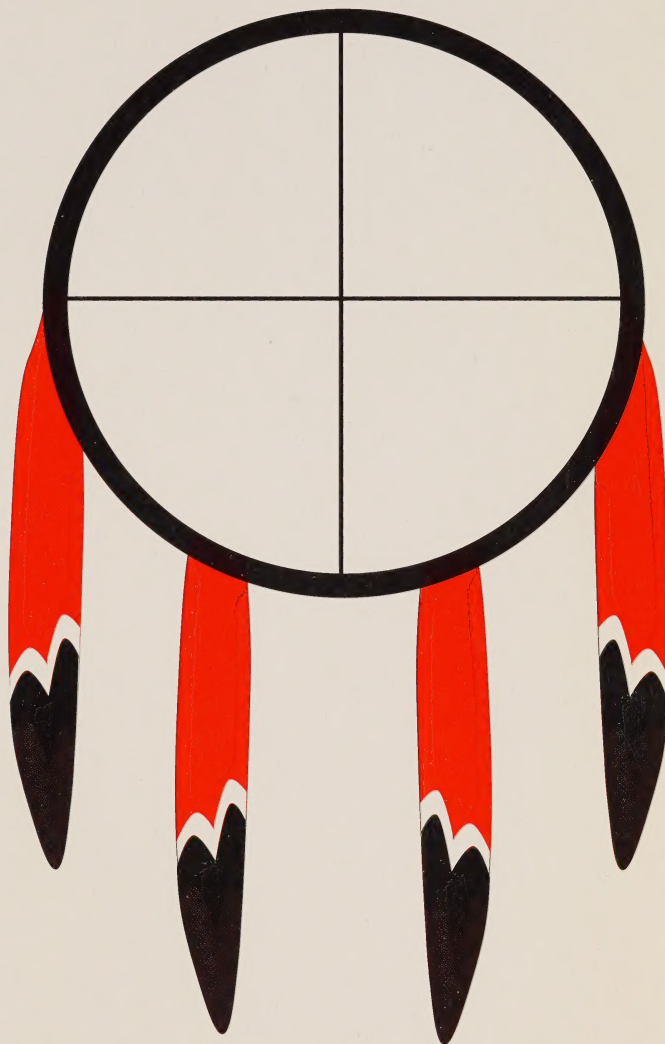


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**REPORT ON THE
FUTURE MANAGEMENT OF THE
NON-INSURED HEALTH BENEFITS PROGRAM**

Volume II



Assembly of First Nations



Health Canada

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**The Report and Recommendations
of the
Joint AFN/MSB Task Force
on the
Future Management
of the
Non-Insured Health Benefits Program**

Volume Two

February, 1996

The Joint AFN/MSB Task Force Report

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Volume Two

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¹ NB: The Recommendation received from the First Nation, Inuit and Innu who are resident in the Northwest Territories or who live Off-Reserve will be published in separate Reports.

The Joint Committee on
Education

Report

Presented to the Senate of the University of Toronto

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Appendix “H”

The Results of the Consultation Process

The Joint AFN/MSB Task Force on the Future Management of the Non-Insured Health Benefits Program

Appendix “H”

The Results of the Consultation Process

During the Consultation Process many First Nation participants made recommendations, gave suggestions on the Non-Insured Health Benefits Program and also offered some comments on other Health Programs, both Federal and Provincial. These verbal reports were recorded by the Consultation Team, and have been transcribed verbatim in this Appendix.

The verbatim transcripts were translated from the original English into French and vice versa. Although care was taken in these translations, there may be some instances where a word or phrase does not accurately convey the original meaning.

Some First Nations either completed the “NIHB Consultation Workbook” or wrote letters regarding the Non-Insured Health Benefits Program. The transcripts of these documents are also contained in this Appendix.

An Index is provided at the end of this Appendix which lists the participating First Nations and Tribal Council.

The comments and recommendations received from the Inuit and First Nations in the Northwest Territories will be published in a separate report.

Atlantic Region

Results of the Consultation Process

Union of Nova Scotia Indians (Group One)
Halifax, Nova Scotia

Consultation Session
March 7, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
<p style="text-align: center;">NIHB (AFN/MSB) NS/NFLD</p> <p>Attendance: Theresa Meuse, Stewart Gould, Sue Boutler Alex Cope, Barry Gloade, Michelle Boylan Melvin Francis, Ike Paul, Travis Paul</p> <p>* DO <u>NOT</u> AGREE TO THE TRANSFER OF THE NIHB PROGRAM:</p> <p>1. We like it how it is now</p> <p>2. It is being forced in the sense that if we as First Nations don't address it, MSB will continue to make the decisions</p> <p>3. We are not entitled to receiving financial assistance for undertaking assessment studies</p>	<p>We had a pretty good group, I don't know about anyone else. There was myself, Stewart Gould, Sue Boutler, Alex Coupe, Barry Gloade, Michelle Boylan (who was our recorder), and Melvin Francis, "Ike Paul and Travis Paul.</p> <p>We kind of took a different approach and the first thing we all agreed on was that we were all opposed to the transfer of NIHB. So what we decided to do was, if we're all opposed to it, we should identify why we're opposed to it. And the list goes on and on and on. So I'll just sort of quickly go through them.</p> <p>First of all, many of agreed that we liked it how it is right now.</p> <p>Two, it is being forced in the sense that if we as First Nations don't address it, MSB will continue to make the decisions. To us, that's being forced.</p> <p>Three, we're not entitled to receiving financial assistance for undertaking assessment studies.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
4. Relieves fiduciary responsibility	Four, it relieves the fiduciary responsibility. That's probably debateable.
5. Could force us to exclude off-reserve!	Five, it could force us to exclude off-reserve membership.
6. Decisions regarding transfer are being made to quickly	Six, decisions regarding transfer are being made too quickly.
7. It is not a First Nation initiative	7. It is not a First Nation initiative
8. Fear of transfer could mean CAP funding	8. Fear of transfer could mean CAP funding
9. Current reduction in NIHB services	9. Current reduction in NIHB services
10. Formulas used to determine NIHB allocations are not agreed with First Nations i.e. CWIS	10. Formulas used to determine NIHB allocations are not agreed with First Nations i.e. CWIS
11. Not enough/sufficient First Nations input	11. Not enough/sufficient First Nations input
12. They (MSB) haven't dotted the I's or crossed the t's in transferring this program	MSB haven't dotted the I's or crossed the T's in transferring this program. In other words there is a lot of questions they can't answer.
13. We (First Nations) do not have the administration structure in place at this time	Thirteen, First Nations, we of First Nations do not have the administration structure in place at this time to do it. For example, if we look at the NIHB analyst we have very few trained First Nations analysts that knows how the existing structure works.
14. Safeguards to confidentiality	And there was a lot of discussions with regards to safeguarding confidentiality.

Transcript of Flip Charts	Transcript of Audio Tapes
<p data-bbox="78 177 463 201"><u>Future Management (Suggestions)</u></p> <ol data-bbox="78 236 552 954" style="list-style-type: none"> 1. Individual Band control 2. Provincial Body 3. Co-management - MSB/F.Ns. 4. F.N. Organizations 5. Status Quo - MSB 6. Contract to Insurance Companies 7. " 8. " 9. " 10. " 11. Change options as deemed necessary by F.N. after trial period. i.e. First 2 years - co-management, after 2 years - self-government <p data-bbox="78 986 358 1010"><u>RECOMMENDATIONS:</u></p> <ol data-bbox="78 1045 552 1161" style="list-style-type: none"> 1. Don't <u>rush</u> process. Wait for interim report (Sept) to be publicized. Then, have a call for proposals. After interim report has been reviewed by F.Ns. 	<p data-bbox="575 177 1053 655">So then we said, okay, if we have to do this, we did provide recommendations or suggestions on how we would see it controlled. We did agree with all the options that were available in those handouts and we had one of our members come up with another option. And that was to change options as deemed necessary by First Nations after the trial periods. For example, if we wanted to do the co-management, that would give us as First Nations an opportunity to learn the existing system, once we have the existing system under our belt, then we can say well we like this and we don't like that or we like this and we like that. Then we could go into a self government process and have learnt from the first couple of years on how to do it, properly.</p> <p data-bbox="575 1018 1053 1193">Some of the recommendations, it's don't rush the process. Wait for the interim report to be published in September, then have a call for proposals. Ah, this is after the interim report has been reviewed by First Nations, and what we were discussing was, what's the big rush?</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>2. For NIHB pilots have an <i>"escape clause"</i> so we can go back to the Status Quo</p> <p>3. MSB/AFN technicians to return to N.S. to discuss interim report findings</p> <p>4. AFN principles - Agree with # 1,2,4,5</p> <p># 3 we <u>agree</u> with the exception that it is MSB's responsibility to pay up front <u>and</u> for MSB to try and get reimbursement. To ensure that services are delivered on a <u>timely</u> basis</p> <p>5. Our Treaty Rights to health services should not be violated on or off-reserve</p>	<p>And second of all, we would like to know what the results of these consultations that are taking place throughout Canada, we'd like to know what the response was and then we would be able to review it as First Nations. In other words, maybe we can come back here again and discuss the results and then we can decide then whether we want to undertake Pilot Projects or what have you.</p> <p>Two, for NIHB Pilots, have an escape clause so we can go back to the Status Quo if we choose to do so.</p> <p>MSB/AFN Technicians to return to Nova Scotia to discuss interim report findings. That's basically what we said in the first one.</p> <p>Number Four - AFN Principles. We agree with number 1, 2, 4 and 5.</p> <p>With number 3, we agree with the exception that it is MSB's responsibility to pay up front and for MSB to try and get reimbursements. As we discussed yesterday, if somebody needed something and it was the result of a car accident, or what have you, let MSB go to the insurance company and try and get reimbursement. And the thing is to ensure that services are delivered on a timely basis.</p> <p>Five, our Treaty First Nation rights to health, our Treaty or aboriginal rights should not be violated in the sense that it excludes off reserve membership.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>CORE PRINCIPLES</u></p> <p>-Yes there should be Core Principles.</p> <p>eligibility Criteria:</p> <p>- <u>at National level</u> *Overall Core Principles that all provinces have</p> <p>- <u>Provincially</u> Demographic consideration - leeway to determine more principles</p> <p><u>APPEALS PROCESS</u></p> <p>Agree to Appeal Process. Limited to judgement calls as opposed to actual regulations. <u>No national</u> Appeals Process</p> <p><u>CLIENT IDENTIFICATION</u></p> <p>Agree to the present method of client identification</p>	<p>Yes, there should be Core Principles.</p> <p>In other words, an eligibility criteria.</p> <p>At a national level, overall core principles that are, that all Provinces have. So, I think the discussion here was that there would be a set of core principles but once you get down to the provincial basis, we could then add or change them to meet our own needs within our province.</p> <p>This one, provincially demographic considerations, a way to determine more principles, and its sort of repetitive.</p> <p>We agreed to the appeal process. It should be limited to judgement calls, though, as opposed to actual regulations. And no national appeals, we should be quite capable of dealing with an appeal at our local levels.</p> <p>We agreed to the present method of client identification, in the sense that your Status Cards should be adequate enough to identify who you are.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>NEGOTIATION WITH SUPPLIERS OF SERVICE</u></p> <p>Negotiating fee schedules for goods and services should be done <u>Provincially</u>. (No we do not agree to MSB's negotiations)i.e. Blue Cross's fee too much drugstores too much</p> <p><u>CLIENT REIMBURSEMENT</u></p> <ul style="list-style-type: none"> - Clients would probably have to pay for NIHB outside the Province and get reimbursed upon returning to community, if on formulary benefit list <p><u>CLAIMS</u></p> <ul style="list-style-type: none"> - We would be <u>responsible</u> for <u>all</u> claims. Paid through contractual agreement between drugstore and band. Payments would be provided for total band membership <p><u>BENEFITS</u></p> <ul style="list-style-type: none"> - Agree to core NIHB, if it doesn't mean loss of services. 	<p>Negotiations fee schedules for goods and services should be done provincially. No, we do not agree to MSB's negotiations. For example, we felt we could probably get a better deal than seven million dollars to Blue Cross. And the drug stores charge way too much, and so basically our understandings was, MSB are negotiating but they are not very good, there not getting the best for their buck.</p> <p>Clients would probably have to pay for NIHB outside of the province and get reimbursed upon returning to the community, if on formulary benefit list. So if they do get a prescription or something and it is on our list that we develop, then we would reimburse them.</p> <p>We would be responsible for all claims, paid through contractual agreements between drug store and band. Payments would be provided for total band membership. So in other words, we're getting back to including everybody.</p> <p>Nine. We agreed to core NIHB if it doesn't mean loss of services.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Health Canada should be investigating & providing F.Ns. with options to Provincial health services - Consideration to <u>home care nursing</u> being a non-insured health benefit 	<p>Health Canada should be investigating and providing First Nations with options to provincial health services. For example, through the Building Healthy Communities we do now know that, for example, the home care nursing, because we're now in control of it, and each band has gotten their own allotments. There's not a whole lot of money, so we can't determine how many of our people are going to need the service. And there are options in the province for the delivery of this program without using our own dollars. So we feel that Health Canada should be the one determining and helping us find these things, because their the ones that put it on our shoulders to begin with.</p> <p>And consideration should also be given to include home care nursing as a NIHB.</p>
<p><u>Suggestions on how to budget Atlantic Region envelope</u></p> <ol style="list-style-type: none"> 1. a) HLO's & Regional Director should meet 	<p>And suggestions on how the budget, oh, alright, this is the question you asked us today, with regards to helping Health Canada determine the budget, the envelope budget. We took it from an Atlantic regional suggestions.</p> <p>Number one (a) would be that the HLO's or Health Liaison Officers in Nova Scotia, that would mean myself for the Confederacy and Elizabeth Paul for the Union. We meet on a regular basis with Al Garman, the Regional Director. So what we're saying here is the HLO's should meet to discuss this information.</p>

Transcript from Flip Charts	Transcript from Audio Tapes
<p>b) We need historical data from MSB. We need band information. Then we will compare them! We need to know fiscal year envelope. We need to know what Regional Directors budget plans are for evaluation by First nations</p>	<p>One is, we need the historical data from previous years on the budgets, however it had been spent in previous years. We also need input from the Band level, the information they have. Then we will compare the information. Then we will need to know this fiscal year's envelope. We need to know what the Regional Director's plans are for this budget, so that we can evaluate whether or not we agree with those plans.</p>
<p>2. HLO's report back to Chiefs and Councils</p>	<p>Once the HLO's have been given this information, we will then bring it back to the chiefs and councils. Whether it's done through agencies or as a provincial level we haven't determined that yet.</p>
<p>3. Have consultation between MSB and Atlantic F.Ns. to discuss budget options.</p>	<p>From that, from giving it to the chiefs and councils, we feel that an overall meeting should be held with consultations between MSB and Atlantic First Nations to discuss budget options. So that by this point we should know what options are available, so then we can tell MSB which way we think they can be spent.</p>
<p>Agenda to be determined by F.Ns. (provincially)</p>	<p>And the agenda for this meeting would be determined by First Nations on a provincial basis, so we would have them here in Nova Scotia, one in Newfoundland, one in New Brunswick, and so on. And somebody would ask if we wanted input from MSB and we said, well, yes, sure, if we feel it's necessary.</p>
<p>4. This type of process should be in place every year. Minister should allocate financial support over and above envelope budget to facilitate this annual process</p>	<p>This type of process should be in place every year, so that whole process I've just explained should be allowed for us to do each year at budget time. The Minister should allocate financial support over and above the envelope budget to facilitate this annual process.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Other discussion points</p> <p>1. Formulas i.e. Brighter Futures, CWIS (Community Workload Increase System)</p> <p><u>CWIS</u> - should include total band membership (on/off)</p> <p>Brighter Futures formula:</p>	<p>And there's more....tell you, we were good in our group. And these were other discussions.</p> <p>We talked about the formulas that MSB uses, for example, Brighter Futures and the CWIS formula, Community Workload Increase System.</p> <p>With the CWIS we said it should include the total band membership, that would be on and off.</p> <p>And with the Brighter Futures formula, they use an isolation factor and we had a little bit of discussion, well I did, I was the only one raising this issue, of determining isolation.</p>
<p><u>Determining Isolation:</u></p> <p>1. Isolating Barriers e.g. bridges - trains-Millbrook - Eskasoni</p> <p>2. Distance from immediate resources (hospital)</p> <p>3. Time lapse for immediate response</p>	<p>If we look at our own communities, we feel that there are isolation barriers. For example, we may have a community that, I don't know, may be five or six, seven or ten miles to get into the community on a back road and in the middle of the winter during a blizzard that road may not be accessible for an ambulance or a fire truck or what have you. So therefore that road would be a barrier which would case a type of isolation.</p> <p>We also looked at isolation from immediate resources, so how close is the nearest hospital for many of our communities. It can be quite a distance.</p> <p>As well as the time lapse for immediate response and the same would apply if we need an ambulance in our community and we have to wait a long period of time, that can be detrimental to the patient.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>New Formula:</u></p> <ol style="list-style-type: none"> 1. On/off Reserve 2. Isolation Considerations <p>Health Cards - suggestion Provincial cards include identification to First nation to access Non-Insured</p> <p>If we were transferring WE NEED AN OPEN MIND</p> <p>Band members outside community, within Canada - reimbursement policy would be in effect.</p> <p>If Band members are outside Canada, Migrant workers and students would receive assistance, all other on their <u>own</u></p>	<p>And then of course, we weren't excluding the total isolation, which is perhaps where we find in Labrador, where you can only get in through a plane and out by plane.</p> <p>And then we just sort of fantasised about a new formula, and we said it should, we could only come up with two at this point. It should include:</p> <p>on and off reserve membership, and there should be isolation considerations.</p> <p>Like with the Brighter Futures formula, they use a base rate when they do their calculations and we thought if they include both on and off reserve, maybe we don't need that base rate. Okay.</p> <p>Health cards. We talked about our own health cards. The suggestion was provincial health cards include identification to First Nations to access Non-Insured. We all have them little blue cards now, the NSI cards, and we were discussing that we couldn't see it being a big deal to them if they just put our Band Number and our Band name on it and what have you. So we could get two things for the price of one.</p> <p>Okay, if we were transferring we need an open mind.</p> <p>This came in after I was done, didn't it? Band membership outside a community within Canada, reimbursement policy would be in effect.</p>

Consultation Session March 7, 1995

Transcript of Flip Charts			Transcript of Audio Tapes
<u>FUTURE MANAGEMENT OPTIONS</u>			In our group, we didn't write a list. Let's write it right now.
			With regard to the Future Management Options, we used all of the Management Options that were identified. "What Management Options would you recommend?"
1.	Status Quo	NO	We didn't agree with the Status Quo. We said no to that.
2.	Co-Management	YES	The Co-Management we agreed, okay, maybe.
3.	Contribution Agreement	NO	Contribution Agreement, No.
4.	Private Health Ins. Plans	NO	Private Health Insurance, No.
5.	Integ. Comm.-based Serv. Model	MAYBE	Integrated Community-Based Service Model, Maybe.
6.	Unconditional Transfer	NO	Unconditional Transfer, No.
7.	Transfer to F.N. Tribal Council		Transfer to First Nation Tribal Council (Conditional Transfer). You know, I thought we said Yes to Unconditional Transfer. Maybe Yes. And No to Conditional Transfer.
*	Regional First Nations Control		But most of all we said we'd like to see regional First Nations control.

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Unconditional Transfers</p> <ul style="list-style-type: none"> - Ideally Provincially based encompassing both CTO's in N.S. - If not agreeable then each P10 level <p style="text-align: center;">or</p>	<p>Unconditional Transfer - ideally, Provincial based, encompassing both organizations in Nova Scotia, for example, the CNNN and Union. If this is not agreeable, then to each separate organization, like the UNSI or the CMM.</p>
<p>First Nations Organizations to (National) provide NIHB's & to all clients (similar to OBC). With Regional Sub-offices (like regional blues) other health programs.</p>	<p>First Nations organization in the national level to provide Non-Insured Health Benefits to our clients, similar to the Blue Cross, with regional sub-offices Like the regional Blue Cross offices.</p>
<p>8. Self Government Model - includes NIHB & other health Programs</p>	<p>The Self-Government model. I think that was still another option. Okay. Includes Non-Insured Health Benefits and other health programs. It doesn't say yes or no on our Do you remember that one? Anyway, we'll skip that one.</p>
<p>9. Single Funding Mechanisms NO</p>	<p>Single Funding Mechanisms, No.</p>
<p>10. See Above</p>	<p>Okay, then we, for the Aboriginal For-Profit Corporation that came back, we refer to number 6 when we recommended that a national organization be developed similar to Blue Cross, but it be a First Nations organization.</p>
<p><u>2. CORE PRINCIPLES</u></p> <ul style="list-style-type: none"> - Group in agreement with AFN draft principles 	<p>And with regard to the Core Principles, we reviewed both Core Principles and we agreed solely on the AFN Draft Principles. Not with the MSB Principles.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>3. <u>APPEALS PROCESS</u> - YES</p> <ul style="list-style-type: none"> - Advisory Board - Hire MD, preferably F.N. Contract basis - Two tier appeal with next level being req. Advisory Board 	<p>We agreed, yes, an Appeals Process should be in place.</p> <p>And we suggested maybe an Advisory Board,</p> <p>And we need to hire our own First Nations medical doctor, on a contract basis.</p> <p>And that maybe there should be a two tier Appeal Process. The first tier process would be to have the doctor, First Nations doctor, in place. Then the next process would be to go to the Advisory Board for Appeals.</p> <p>We didn't agree with the national - I don't know where the national question is - but we didn't agree with the national appeal process.</p>
<p>4. <u>CLIENT IDENTIFICATION</u></p> <ul style="list-style-type: none"> - UNSI cards - DIAND cards - Dev. own <p>Changes in ID criteria</p> <ul style="list-style-type: none"> - note with welfare cheques - Advertising campaign 	<p>With regard to Client Identification, some suggested the use of, for example, the UNSI cards that were used a long time ago.</p> <p>We could also use the present system we have, Department of Indian Affairs cards.</p> <p>Or we could develop our own.</p> <p>We needed to have changes in ID Criteria. Oh, no, this is to identify, to inform people about changes in the criteria. We said a good idea was to put notes in the Welfare Cheques.</p> <p>And an Advertising Campaign.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Inform Suppliers</p> <ul style="list-style-type: none"> - By communicating with Prof. Associations eye, drugs, dental 	<p>To inform suppliers, by communicating with professional associations, such as the Pharmaceutical Association, the Eye Association, the Dental Association. That's how we would inform the suppliers that there had been changes made to the criteria and all that kind of stuff.</p>
<p><u>5. CONTRACT NEGOTIATIONS</u></p> <p>Negotiate own fee schedule = cmt's</p> <ul style="list-style-type: none"> - prefer negot. To be done regionally or nationally <p>Use existing fee schedules by MSB - NO</p> <p>May be able to get better rates in our prov.</p>	<p>Contract Negotiations.</p> <p>We feel that we could negotiate our own fee schedules and amounts</p> <p>We prefer the negotiation to be done regionally or nationally.</p> <p>Use existing fee schedules by MSB. No. We didn't agree to that. We said we might be able to get a better rate for our Province. Or that's where it goes back to recommendation where we recommended Provincial or whatever. That we thought there would be a better deal rather than an individual community having to do a negotiation.</p>
<p><u>6. CLIENT REIMBURSEMENT</u></p> <p>Non-existent, cards will be good as <u>gold</u></p> <p><u>Explain:</u></p> <ul style="list-style-type: none"> - On card have address on where to send bill 	<p>Number Six - Client Reimbursement. Oh! We say that eventually if we develop our own cards or whatever, we feel the cards should be as good as gold. And that the Client Reimbursement, we didn't agree to client reimbursement, that we didn't think that the client should have to pay anything and that the card should be good as gold.</p> <p>We suggested maybe on the Card we'd have an address where to send the bill.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Have a card i.e. like visa so then can masterbill 	<p>We talked about the idea of developing some type of card, like a Visa card or something, with a magnetic strip that could transfer the information or something, you know, like, I don't know, into some, there are computer systems in the pharmacy that they could access that information through that card or whatever.</p> <p>Because we felt that, we felt it was really important. We stated that we felt that First Nations people most of the time don't have the money to pay for their prescriptions.</p> <p>So, we felt it was important that there was something in place, even for the people that lived outside the Province, or whatever, that there was something in place for them so that they could still get their drugs without having to pay for them.</p>
<p><u>7. HOW WILL YOU PROCESS CLAIMS</u></p>	
<ul style="list-style-type: none"> - All claims will be paid on a regional basis - Would consider paying claims through an agency like Blue Cross 	<p>All claims were to be paid on a regional basis.</p> <p>And would consider paying claims through an agency like Blue Cross, but a First Nations agency. Not Blue Cross. Indian Cross, or something, you know. Indian Something, or First Nations Something.</p>
<p>How often would you pay providers of service</p>	<p>How often would you pay Providers for service? Oh yes, okay.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>- Concern re: \$ going directly to communities, if not financially sound then a real fear exists - bank would take their health care allocation</p>	<p>There was concern addressed that the dollars, they felt that if the dollars were distributed directly to the communities, that there was concern that certain Bands might not be in the position to pay those bills, you know. And there was a lot of discussion about that and they said they would feel more comfortable if it was kept at a regional basis, you know, provincial, regional or whatever. Rather than community based. Because that was the question, I think, how would your community pay these bills, whatever, something like that, and they wanted it to be kept at a regional basis rather than the local community.</p> <p>Oh yes, right, see, they felt, they used the example, for example, if the Band was in the red or something in the debt, and the MSB money came in for Non-Insured Health Benefits, that the bank would take all that money from them. And then the Band would have no money, because they took it out for their deficit or something, you know. There was big concern about that.</p>
<p>Issue cheques how often</p>	<p>Issuing of cheques, how often?</p>
<p>- Depends on need</p>	<p>We said it depends on the need, whether it's going to be fifteen days, or thirty days, or whatever.</p>
<p><u>8. ON & OFF RESERVE MEMBERSHIP</u></p>	<p>On and Off Reserve membership.</p>
<p>- Everyone will be covered - <u>Status Mikmaq</u></p>	<p>We felt that everyone should be covered. Everyone On and Off Reserve, Status Mikmaq.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Advise both groups ??</p> <ul style="list-style-type: none"> - Mass Mail - Ont - Family grapevine - Member clerk - Changes?? Same as above 	<p>Oh, how would you advise these groups?</p> <p>We said a mass mail out.</p> <p>Through the family grapevine. We said that everybody who is living off the Reserve has a family member that lives On the Reserve, pretty well. So whenever something goes on outside the Reserve, or this person, they'll either call you in the Band, or they'll call your family member in the Band, or they'll call the Band Office, or something like. If we miss some of these people that don't, aren't informed about the changes and stuff, that you know that they'll call all the times. Because first of all they call to register their kids and all that kind of stuff, so there's usually the family grapevine we said would be very beneficial.</p> <p>We also said the Membership Clerk is a very big asset in identifying these people who live off the Reserve and whatever.</p> <p>Oh, changes. The same as above. Any changes in advising groups or organisations or whatever about changes that it would be done by the same way, through mass mail-out, and whatever. An advertising campaign.</p>
<p><u>2. BENEFITS ISSUES ?</u></p> <p>A) Yes</p>	<p>The Benefit Issue.</p> <p>Ah, we said yes! Whatever that question was. What question was that? The Core Benefits issue? What number is that? Nine? Oh yes, yes, yes. Do we recommend keeping the concept of Core Non-Insured Health Benefits. Universal. Yes.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>B) Develop own list of NIHB's</p> <p>Develop our own list with own input.</p>	<p>With regard to the development of our own list of Non-Insured Health Benefits,</p> <p>we believe it's still a good process to have a national list. But we would like to make sure that there is definitely First Nations input into the development of this list. Because we felt strongly that there isn't enough First Nations input in the development of this list or formulary or whatever that they're developing. That there isn't enough First Nations input and we strongly recommend that there be First Nations input. More than Non-Native.</p>
<p>C) N/A</p>	<p>And.....I don't know what this is. What's this, Darlene? N/A? Maybe, yes, maybe. We didn't want it. We wanted to stay with the Core list, the national list, that we wouldn't develop our own list. Yes, maybe.</p>
<p>D) Improvements</p> <p>Recommendation</p> <p>- F.N. input</p>	<p>Okay, we stated that there could be improvements to the Benefit List. And once again we stated that there should be more First Nations input in the development of Benefit Lists for First Nations people.</p> <p>And, that's it.</p>

Union of Nova Scotia Indians (Group Three)
Halifax, Nova Scotia
March 7, 1995
Consultation Session

Transcript of Flip Charts	Transcript of Audio Tapes
<p style="text-align: center;"><u>N.S. GROUP....3</u></p> <p>Participants:</p> <p>Vicki Christmas - Membertou Darren Googoo - Membertou Doreen Knockwood - Indian Brook Clarence Man - Indian Brook Tom Howe - Indian Brook Lawrence Paul - Millbrook Frank Meuse - Bear River Terry Paul - Membertou Lawrence Toney - Cambridge Sharon Maloney - Indian Brook Debbie Thilbaux - Indian Brook Carol Foote - MSB</p> <p>1. <u>FUTURE MANAGEMENT OPTIONS</u></p> <p>- Not happy with status Quo</p> <p>- Conditional transfer, but must recognize Treaty Rights to health</p>	<p>Okay, these were just the members in our group. There was myself, Vicki Christmas, Darren Googoo from Membertou. Doreen Knockwood, Tom Howe, from Indian Brook. Lawrence Paul from Millbrook. Frank Meuse from Bear River. Terry Paul from Membertou. Lawrence Toney from Cambridge. Sharon Maloney and Debbie Thilbaux from Indian Brook and Carol Foote from MSB. She took the notes, so.</p> <p>Okay, the first question was on the Future Management Options. They really couldn't agree on any of them, because the first point that they made was that Health had to be recognized as a Treaty Right before any type of transfer went into place.</p> <p>But they said, Conditional Transfer, that would be their option, but it first had to be recognized as a Treaty Right. Health had to be recognized as a Treaty Right. So I had all chiefs, mostly all chiefs on my group, so....</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Guarantees that program remain unchanged then look at management options - Should have management conditions, but those conditions formed by First Nations - Government maintains, that they do not have to continue with health services now provided - Government makes funding formula & do not consult Chiefs 	<p>Okay, guarantees that the Program remain unchanged then look at the Management Options.</p> <p>Should have management conditions, but these, those conditions formed by First Nations.</p> <p>And Government maintains that they do not have to continue with health services now provided.</p> <p>And Government makes Funding Formula and they're not, okay, this was just a point that they made, the Government makes Funding Formulas and doesn't consult with the Chiefs, or First Nations.</p>
<p>2. <u>CORE PRINCIPLES</u></p>	<p>And the Core Principles.</p>
<ul style="list-style-type: none"> - Yes - AFN Principles - Need some guiding principles - In practice, now, not providing same service to all First Nations - varies between on & off reserve - i.e. medical transportation 	<p>Do you recommend that there should be Core Principles for the NIHB Program, okay, that are applied nationally to all First Nations? And they said yes, but they wanted to go by the AFN Principles.</p> <p>And they need some guiding principles.</p> <p>In practice, now, not providing same service to all First Nations. It varies between On- and Off-Reserve. Example, Medical Transportation. So.....</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>3. <u>APPEALS PROCESS</u></p> <ul style="list-style-type: none"> - Mikmaq Health Authority based on First Nations - Experienced medical practitioners - Must have some sort of recourse Do agree - Appeal process based at First Nation level - local based - not outside - 2-3 day waiting period. - Band level Appeal Process - Local level to be effective - Band have the ability to add. to benefit list. - Distrust with working with counsellors & therefore a lot of time to get this process to work & get trust at Band level. - Physical & mental health go together - but currently not seen as going together. 	<p>Appeals Process</p> <p>Would you implement an Appeals Process in the Management Option you chose for your community? And they said yes, but it would have to be administered, like, by an established Mikmaq Health Authority, or a, you know, it had to be based on First Nations.</p> <p>Experienced Medical Practitioners, or must have some sort of recourse. So, that's why they want to have an Appeal Process.</p> <p>An Appeal process based at the First Nations level. Local based, not outside. A two to three day waiting period.</p> <p>Band level Appeal Process. Local level to be effective. Band have the ability to add to Benefit List.</p> <p>And distrust with working with counsellors and therefore a lot of time to get this process to work and get trust at Band Levels.</p> <p>So, it was mostly agreed that it would have to be an established Mikmaq Health Authority because they didn't agree that it would, not at the Band level.</p> <p>I don't know what this is. It must be the same thing. Okay. What type of Appeal Process? Okay, yes, and how would the Appeals Process work?</p> <p>Physical and mental health go together, but currently not seen as going together.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - If recognized as Treaty Right, then how complex the Appeal Process? - Health authority - Region - First Nations Health Authority. - Do not use current form of regional Appeal Process - Individual has to pass certain criteria - If give to one individual, have to consider consequences, should another person ask for same benefit - If recommended by a medical doctor - they still have the authority to not allow - Confidentiality? - There should not be a National Appeals Process 	<p>If recognized as a Treaty Right, then how complex the Appeal Process?</p> <p>Health Authority - Region - First Nations Health Authority.</p> <p>Do not use current form of regional Appeal process.</p> <p>Individual has to pass certain criteria.</p> <p>If give to one person, have to consider the consequences if another person asks for the same benefit.</p> <p>If recommended by a medical doctor, they still have the authority to not allow.</p> <p>And confidentiality was an issue too.</p> <p>And they didn't think that there shouldn't be a national appeal process. They didn't say why, they just said there shouldn't be.</p>
<p>4. <u>CLIENT IDENTIFICATION</u></p> <ul style="list-style-type: none"> - Would not use current system - Create own identification card - Fool proof as possible - Issue at Band level <p>How notify Band members:</p> <ul style="list-style-type: none"> - Media - Community Channel - Community Newsletter 	<p>Client Identification. In the Management Option you recommend for your community, would you use the present method of Client Identification in order to receive benefits?</p> <p>They said NO.</p> <p>And they would create their own Identification Card for each First Nation, they'd create it and issue it at the Band level.</p> <p>How to notify the Band - okay, this is just like-how to notify the Band members of a change.</p> <p>Is through the media, Community Channel or the Community Newsletters</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>How to inform providers if change way of identifications</p> <ul style="list-style-type: none"> - Letter - Internet computers - Develop own system from people within Community 	<p>And to inform the providers of service.</p> <p>Just by, you know letters, Internet computers, develop our own system from people within the communities.</p>
<p>5. <u>CONTRACT NEGOTIATIONS</u></p> <ul style="list-style-type: none"> - Not at community level - Develop own native organizations and contract out. - Encourage native organizations to create own system on Reserve - Eventually want to control everything ourselves - have a bunch of communities negotiate together on behalf of First Nations - Continue to use current fee schedule used by MSB - No - have to go to certain professional to be accepted by MSB - Would be able to negotiate for better - under generic name - use generic brand - Prefer to negotiate own fee schedule. 	<p>This question was “Does your community want to negotiate it’s own fee schedules for goods and services?”</p> <p>And they said, not, contract own Native organizations. Negotiate directly with own suppliers. Like, I guess not at a community level but develop our own Native organization and contract out.</p> <p>Encourage Native organizations to create own systems on Reserve.</p> <p>Eventually want to control everything ourselves, have a bunch of communities negotiate together on behalf of First Nations.</p> <p>Okay, do they want to use the current fee schedule? No, they have to go to certain professionals to be accepted by Medical Services.</p> <p>We would be able to negotiate for better - under generic name - use generic brand.</p> <p>And they prefer to negotiate their own fee schedule.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>6. <u>REIMBURSEMENT</u></p> <ul style="list-style-type: none"> - No reimbursement system - should have <u>direct billing</u>. - Most efficient <p>Question 6 - Part 2 Unclear - irrelevant because of answer to previous question</p>	<p>Reimbursement.</p> <p>Okay, this is a long question. It just says "When travelling outside your home province would the Supplier require them to pay the cost directly themselves and then to reclaim the payment from your Administration upon presentation of the receipt."</p> <p>And we said, No. We would have a reimbursement system, we would go with direct billing, because it's more efficient.</p> <p>Oh, this question six, part two, it's just repeating the first part of question six, so we just.....</p>
<p>7. <u>COMMUNITY RESPONSIBLE FOR PAYING ALL CLAIMS</u></p> <ul style="list-style-type: none"> - All approved claims - Pay claims at band admin. Level <ul style="list-style-type: none"> - Depends on administration that is used - Pay through another agency - Mikmaq Health Authority - Safeguards against abuse - i.e. double billing - Is Blue Cross interest to process many - Have organization administer payment <p>Cheque to Providers?</p> <ul style="list-style-type: none"> - Every 30 days - Can First nations providers (carriers) survive with being paid every 30 days? <ul style="list-style-type: none"> - 30 day limit depends on service provided 	<p>Does your community wish to be responsible for paying all claims?</p> <p>And they said, all approved claims, and it depends. And one of the other questions was would you pay these claims through your own Band Administration? It depends on what administration they use. And pay through other agencies, like the Mikmaq Health Authority. And safeguards against abuse, double billing.</p> <p>Is Blue Cross interested in processing? Have organization administer payment.</p> <p>Cheques to providers</p> <p>Every 30 days.</p> <p>Can First Nations' providers survive with being paid every 30 days? The 30 day limit depends on service provided.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Negotiate with provider the terms of payment 	<p>Can we use the example of the medical carriers, like. They go thirty days without been paid. We use that as one example, but we use, like the pharmacies, and medical suppliers, so we figure they can go thirty days.</p>
<p>8. <u>ON and OFF-RESERVE MEMBERSHIP</u></p> <p>YES</p>	<p>And negotiate with the Provider the terms of payment.</p> <p>On and Off Reserve Membership</p> <p>was a big, big yes.</p>
<ul style="list-style-type: none"> - Provide service to both on & off reserve people - Letters to off-reserve people 	<p>Provide service to both On- and Off-Reserve people. And the way to get the message across to the Off-Reserves is just to send letters, or through the media or community newsletter.</p>
<p>9. <u>CORE NIHB</u></p> <ul style="list-style-type: none"> - Negotiate benefit at band level - Need some cost controls 	<p>“Do you recommend keeping the concept of Non-Insured Health Benefits which are universally available and portable to all First Nations and Inuit people across Canada?”</p> <p>And they said no, we would negotiate our own. Need some cost controls.</p>
<p>Develop own benefit list</p> <ul style="list-style-type: none"> - And provide all prescribed by doctor - Anything that has to do with your mental & physical health 	<p>Develop our own Benefit list and provide all prescribed by doctor. Anything that has to do with your mental and physical health.</p>
<p>Recommended Improvements to current list of benefits</p> <ul style="list-style-type: none"> - Justification why have list anyway <ul style="list-style-type: none"> - Money or health reasons 	<p>Recommended improvements to the current list of Benefits?</p> <p>Justification why they have a list anyway. Is it for money or health reasons?</p> <p>So, that was it.</p>

**Tobique Indian Reserve
Perth, New Brunswick**

Consultation Report

Transcript of Union of New Brunswick Indians' Report

I. Forward

The Union of New Brunswick Indians would like to thank and acknowledge the guidance and assistance provided by the following individuals in the recent Consultation Workshop, on the future management of the Non-Insured Health Benefits Program, held in Fredericton, N.B. on March 24, and 25, 1995.

Nelson Solomon
Union of N.B. Indians Health Commission
Fredericton, N.B.

Hazen Perley
District Manager, Medical Services
Fredericton, N.B.

Chief Michael Ward
Red Bank First Nation
Red Bank, N.B.

Joanne Lablanc
Atlantic Regional Office
Halifax, Nova Scotia

Hazel Atwin, Secretary
Union of N.B. Indians
Fredericton, N.B.

Vicky Perley, Secretary
Union of N.B. Indians
Fredericton, N.B.

Transcript of Union of New Brunswick Indians' Report

The Union of New Brunswick Indians would like to thank and acknowledge the guidance and assistance provided by the individuals representing their respective First Nation communities.

II. Introduction

The consultation Session on the future management of the Non-Insured Health Benefits Program was sponsored by the Union of New Brunswick Indians. This forum was selected to give New Brunswick First Nations the opportunity to participate in consultation discussions to better structure the NIHB Program which would provide improved programs and services to New Brunswick First Nations communities.

It has been long recommended that First Nations communities should have more involvement in consultation discussions to ensure that First Nations acquire more control and authority of the services and benefits received by their members.

Though the AFN/MSB Joint Task Force, consultations sessions have been conducted with First Nations across Canada. The New Brunswick consultation session was held on March 29 and 30, 1995 at the Fredericton Motor Inn. There were approximately fifty to sixty community representatives selected to represent their respective communities.

The participants included Chiefs, councillors, health representatives, health professionals, elders and government officials. The consultation sessions was attended by a majority of First Nation communities in New Brunswick. The community representatives were divided into five groups for discussions on various issues. The size of the groups were approximately six to nine participants.

However, it should be noted that participants from the same First Nation were delegated to different groups to ensure a better cross-section of representation for each group.

The main objective of the group discussions was to complete the NIHB Consultation Workbook, which was provided to each group. The groups would then reach conclusions on various issues and document their recommendations collectively to the session chair person. As a result of this consultation session, a report would be completed and tabled for the Board of Directors of the Union of New Brunswick Indians for ratification.

Transcript of Union of New Brunswick Indians' Report

III. Objectives of Consultation Process

- a. New Brunswick First Nations Consultation
- b. Report and Recommendations to the Union of New Brunswick Indians
- c. Review and Ratification by the New Brunswick First Nations Chiefs
- d. Review and Ratification by the New Brunswick First Nations communities
- e. Submit Final Report and Recommendations to the Joint AFN/MSB Task Force on future Management of the Non-Insured Health Benefits Program.
- f. Submit Final Report and Recommendations to the Deputy Minister, Medical Services Branch, Ottawa and National Chief, Assembly of First Nations, Ottawa.
- g. Obtaining a renewed mandate from the cabinet for the Non-Insured Health Benefits Program.

IV. Discussion Issues Overview

1. Future Management Options

The discussions for this issue brought a wide range of options for the delivery and control of the NIHB Program. Following are the recommendations of the respective groups.

- a. Group 1: Unconditional Transfer Option
- b. Group 2: Status Quo Option
- c. Group 3: Self Government Option
- d. Group 4: Unconditional Transfer Option
- e. Group 5: Co-Management Option

Respondents for two of the five groups endorsed the unconditional transfer option, however, with some critical concerns. There was certainly some concern over the potential capping of fiscal resources to First Nation communities. Some respondents felt that some option should be made available to First Nations to return to negotiations table to negotiate additional funding when the needs arise and can be supported with information and data to demonstrate the need for additional funding. The unconditional transfer option would ensure First Nation communities to assume full control and authority for the delivery of the Non-Insured Health Benefits Program. This option will also alleviate the administrative red tape for approvals for services to eligible members.

Transcript of Union of New Brunswick Indians' Report

One of the groups recommended the Status Quo Option, but with some alternatives and modifications to the existing management system of delivery. It should also be noted, that this group recommended this option only for an interim period, however, eventually the responsibility and decision making would be transferred to the First Nations when they were ready to manage and administer the NIHB Program themselves. The group also suggested that the financial resources remain where they are in the interim period, discussions should take place immediately with the First Nations for improvements to the existing management system. The group also recommended that First Nations should be included in all aspects of decision making for the NIHB program.

Another group endorsed the Co-Management Option, but they also stated that if First Nations could not receive the authority to change the existing management system, then First Nations should manage and control their program. It would seem that if First Nations do not receive increased control and authority, then they would consider the option of unconditional transfer to the First Nation communities.

The final group endorsed the Self-Government Option as defined by First Nations. There was not any information forwarded to discuss the mechanism for the delivery of this option. Certainly, more information and data is required if this option is to be explored further.

In analysing the discussions of the groups, it would seem that the majority consensus of the groups suggested the conditional transfer option for the management of the Non-insured Health Benefits Program.

Recommendations:

The First Nation communities in New Brunswick recommended that their choice of management option be the Unconditional Transfer Option for the management of the NIHB Program. Further, that fiscal resources be more available to the First Nations administration and training needs.

2. Core Principles:

The NIHB Program currently operates under MSB core principles and under these principles individuals can access NIHB anywhere in Canada and the provider of services bills Medical Services Branch.

Transcript of Union of New Brunswick Indians' Report

The groups discussed the question of nationally applicable core principles for the NIHB Program. The groups were unanimous in their endorsement of core principles that are applied nationally. Further to this endorsement was that the AFN principles be adopted as these core principles. However, there should be Regional Administration Principles adopted and developed to address the uniqueness of each region. Various regions in the country have different needs and practices and these should be reflected in the distinct set of Regional Principles adopted for that region.

Recommendations:

The First Nations communities in New Brunswick recommended that core principles be applicable nationally. These core principles will be the AFN core principles. However, Regional Administrative Principles be adopted and developed to address the uniqueness and needs of this region.

3. Appeals Process:

The general consensus of the group discussions with regards to an appeals process was that there needs to be an effective appeals process developed to meet the needs of First Nation communities. Regardless of the management option recommended, the appeals process would be an integral part in the effective delivery of the NIHB Program.

The groups suggested varying structures for this appeals process system. However, the underlying principles was that this appeals mechanism is appointed by the First Nation leaders and professionals to better serve the needs of the First Nation communities.

The group suggestions were:

- a. Group 1 Provincial Appeals Process
- b. Group 2 Regional Appeals Process
- c. Group 3 Regional and National Appeals Process
- d. Group 4 Regional and National Appeals Process
- e. Group 5 Provincial Appeals Process

Transcript of Union of New Brunswick Indians' Report

Another group suggested a "First Nations Appeal Board" which would consist of First Nation leaders and health professionals which would deal with issues at the regional level.

Some of the comments were quite consistent throughout the discussions:

- a. there does not seem to be an appeals process presently in place to deal effectively with appeals;
- b. if there was an appeals process, they were not aware of such a process, and certainly have not been able to utilize this method.

Other comments included that the present system be abolished and discontinued because it does not meet the needs of the people of which it is supposed to serve.

Whatever structure or mechanism that is recommended, one principle is very clear, that this mechanism include First Nations representatives to ensure that this group is sensitive to the needs of our people.

These groups were split on which level that the appeals process should be dealt with, two groups felt that control and management should be at the provincial level and that the system serve New Brunswick First Nations. Two other groups felt that control and management be maintained at the regional level, with all provinces represented by First Nations and MSB officials.

The information provided certainly endorses two options of appeal, provincial and regional. However, comments regarding the existing appeals process suggests that if there are no major changes, the provincial appeals process would better serve the New Brunswick First Nation communities.

Recommendations:

The concerns of the group discussions was to develop provincial and regional appeal mechanisms. The appeal systems would involve First Nation leaders and health professionals. The structure of this mechanism would be ratified by First Nation leaders and First Nation communities.

Transcript of Union of New Brunswick Indians' Report

4. Client Identification:

The overall recommendation from the group discussions is that the present system of client identification is sufficient, however, First Nations should develop their own identification card system for eligible members to receive services and benefits. There were numerous suggestions forwarded by the groups for client identification:

- a. present Indian Status Card with some alterations
- b. pictured identification cards
- c. present identification system
- d. cards with security strips for direct billing

The general consensus of the respondents was that First Nations should develop their own system of client identification for eligibility. Any future changes to the client identification system should involve consultation with First Nation leaders and communities.

Notification of changes in the client identification system could involve various methods of public relations to First Nations members. These could include:

- a. telephone
- b. letters and correspondence
- c. community meetings
- d. information workshops
- e. word of mouth
- f. multi media
- g. 1-800-number
- h. consultations and visits to elders

If there were to be future changes in the client identification system, supplies and services would be contacted through the process listed above, much in the same manner as they would contact their eligible members.

Recommendations:

The recommendations from group discussions was to maintain current identification system, however, First Nations should be working towards developing their own client identification system for their eligible members to receive benefits and services

Transcript of Union of New Brunswick Indians' Report

5. Contract Negotiations with Suppliers of Services:

Respondents suggested almost unanimously that First Nations should negotiate their own fee schedules for goods and services. The majority felt that this should be the responsibility of the First Nations. The existing fee schedules for suppliers of services were negotiated by the Medical Services Branch. Many felt that First Nations should and are more able to negotiate their own contract negotiations.

First Nations are moving positively towards self determination and self government and assuming responsibility for the NIHB program would be a positive step towards that goal. First Nations have developed and evolved to a point where they no longer require government assistance to administer and deliver programs. This should be the exclusive responsibility of the First Nations of New Brunswick.

Recommendations:

The recommendations is for New Brunswick First Nations to develop their own fee schedule and negotiate directly with the suppliers of services and goods.

6. Client Reimbursement:

On the issue of client reimbursement, the discussion groups recommended unanimously that bills for services and benefits should be handled directly by the First Nations.

In recognition of the fact that eligible members may need to travel out of province, the service should be universal and portable. Further, other target groups may need to be serviced such as:

- a. Off Reserve Indians
- b. travellers
- c. students

One group suggested that members travelling outside the Province should notify their First Nations organization when they leave and when they are planning on returning. Another group suggested that their First Nations Health System set up linkages and service protocols with other First Nations organizations that are in the health care field.

Transcript of Union of New Brunswick Indians' Report

Perhaps the most interesting suggestion by one group was to computerize the entire NIHB system, and when members travelled they would use their coded cards and the bills would be handled by the First Nations automatically through the Internet.

The billing process would be completed instantly and information concerning billings would be up to date. The system also would alleviate billings having to go through five levels of bureaucracy before the bills are processed. Not only would this process be easier, but suppliers would be reimbursed at a faster rate.

If such a computerized management system were utilized by First Nations, there would have to be costs associated with the system, such as equipment and administration. However, it should be noted that it would take a great deal of time to get this system functional and operational to better serve the needs of our First Nation communities.

Recommendations:

The recommendations of the group was that bills should go directly to First Nations for reimbursement for suppliers of services. First Nations should develop their own computerized management system, so members could use coded cards and First Nations would be billed automatically through the Internet anywhere across Canada

7. Payment of Claims Process

Respondents from three groups discussions agreed that First Nations should be responsible for paying all claims related to benefits and services to their members. However, there were two groups who thought that First Nations should not be responsible for paying all claims.

With regards to the issue of claims, paid through band administration, the majority of the groups recommended the program be administered separately from the band administration.

There was also other suggestions in this area, they were:

- a. Central Indian Health Agency
- b. First Nations Company
- c. Provincial First Nations Company.

Transcript of Union of New Brunswick Indians' Report

The general thinking in this area was that some First Nation health management mechanism would be developed for this purpose. The system would be fully computerized and all First Nations would be included in the administration of the program. Almost unanimously, not one group suggested using the existing Blue Cross system.

The majority of the groups recommended that payments to suppliers of services should be every thirty days. Also, the recommendation was to pay any late charges not paid within thirty days because that is standard business practice in dealing with any business transactions.

Recommendations:

The recommendation of the group discussions was that First Nations should be responsible to pay all claims and claims should be administered through a separate system other than the Band Administration. There was support for development of a First Nations Health Company to administer the NIHB Program. The group also recommended payment of claims every thirty days and that late charges be paid by the First Nation.

8. Services to Both On and Off-Reserve:

The unanimous recommendation from all the group discussions was that benefits and services should be provided to both on and off reserve members.

Both groups will be contacted through various means of communications, such as:

- a. compile detailed mailing lists of all members
- b. inform membership through letters and correspondence
- c. provide toll-free phone number for inquiries and information
- d. community workshops
- e. family contact
- f. word of mouth
- g. telephone
- h. media

If there were to be any future changes in the delivery of benefits and services, members would be contacted through various communications methods described above, to contact on and off reserve membership.

Transcript of Union of New Brunswick Indians' Report

Recommendations

With regards to the issue of providing services to both on and off reserve members, the unanimously recommended that benefits and services be provided to both on and off reserve members. Also, that members be contacted through the various methods of communications listed in the Overview of Recommendations

9. Benefits Issues:

The groups recommend that the concept of core non-insured health benefits should be universal and portable across Canada. There is a need for basic levels of services and these levels should be the national standard and accessible to First Nation members across Canada.

There were three groups that suggested that First Nation communities should develop their own list of NIHB benefits and services. However, two groups suggested that the list of benefits be similar and applicable across the country and available to all members regardless of province.

The general consensus of the group discussions regarding development of your own NIHB list was that the core services be maintained, but make modification to expand Mutual Health Services and Traditional medicine.

One suggestion put forward was for the First Nation to develop their own Manual on Non-Insured Health Benefits. Some of the improvements to servicing suggested were:

- a. Professional development
- b. Native training in all areas
- c. Interpreter Services
- d. Mental Health Services
- e. Prescription Drug Abuse Program
- f. Treatment centre for prescription drug abuse
- g. Traditional Healers
- h. Improvement of approval system
- i. Improved communications
- j. Improved benefits for repair and replacement

Transcript of Union of New Brunswick Indians' Report

- k. Braces should be covered completely
- l. Denture services should be more accessible
- m. Access to Brand Name Prescription drugs, not generic medicines
- n. Universal health care coverage when leaving country
- o. Transportation to inter-provincial services and programs
- p. Fluoride treatments services
- q. Compassionate leaves

Recommendations:

The groups recommended that NIHB benefits be available to members universally across the country and the benefits also be portable. The core lists of NIHB benefits should be expanded to include the services listed under IV 9., Benefit Issues.

V. List of Recommendations:

1. The First Nation communities in New Brunswick recommended that their choice of management option be the Unconditional Transfer Option for the management of the NIHB Program. Further, that fiscal resources be made available to First Nations for administration purposes and training needs.
2. The First Nation communities in New Brunswick recommended that core principles be applicable nationally. These principles will be the AFN core principles. However, regional administrative principles be adopted and developed to address the uniqueness and needs of this region.
3. The recommendation of the group discussions was to develop provincial and regional appeal mechanisms. The appeal system would involve First Nation leaders and health professionals. The structure of this mechanism would be ratified by First Nation leaders and First Nation Communities.
4. Recommendations from group discussions was to maintain current identification system, however, First Nations should be working towards developing their own client identification system for their eligible members to receive benefits and services.

Transcript of Union of New Brunswick Indians' Report

5. The recommendation is for New Brunswick First nations to develop their own fee schedules and negotiate directly with the suppliers of goods and service.
6. The recommendation of the group was that bills should go directly to First Nations for reimbursement for suppliers and services. First Nations should develop their own computerised management system, so members could use coded cards and First Nations would be billed automatically through the Internet anywhere across Canada.
7. There recommendation of the group discussions was that First Nations should be responsible to pay all claims and that these claims should be administered through a separate system other than the band administration.
8. There was support for the development of a First Nations Health Company to administer the NIHB Program. The group also recommended payment of claims every thirty days and that late charges be paid by the First Nations.
9. With regards to the issue of providing services to both on and off reserve members, the group unanimously recommended that benefits and services be provided to both on and off reserve members. Also, that members be contacted through the various methods of communications listed in the overview.
10. The groups recommend that NIHB program be available to members universally across the country and the benefits also be portable. The core list of NIHB benefits should be expanded and improved to include the services listed under IV.9., Benefit Issues.
11. There was a recommendation made by one of the elders that participated in the group discussions. She felt that health programming should also address other forms of healing practices such as:
 - a. pipe ceremonies
 - b. sweat lodges
 - c. healing circle
 - d. traditional medicines
 - e. traditional healing
 - f. other health healing

Transcript of Union of New Brunswick Indians' Report

These areas are often overlooked when discussing improved health services and programs to First Nations. These practices should be encouraged in conjunction with conventional medical healing practices. Funding should also be made available to integrate these services to all First Nation communities. Some ceremonies are sacred to First Nation peoples and contribute tremendously to our sense of health and well being, not to mention the traditions and cultural identity of all First Nation people.

**Labrador Innu Health Commission
Sheshashit**

June 29, 1995

Transcript of Audio Tapes

The Appeal Process:

What's the current Appeal Process? Depending on what it is that's rejected, that's what services are denied. If it's something that has to go through the Regional Medical Officer, or say for instance, right now what Darlene and Joanne are doing is they are approving what they can without it going down to the Doctor, because we are having such a hard time. Like, we've had, well, we've had to get on to him because we've had stuff down there from November, and like this stuff, most of the stuff that's going down to him is medication. Like stuff that's not on the Formulary. Stuff that these people need. And he's, well, it's understandable because he's wrapped up in everything else, along with doing what he is supposed to be doing for us in the Unit. So, for instance, if Joanne refuses something, we send the rejection back out to the doctor and whoever the Community Representative was that forwarded it to us. So they have the action to get, say if there's not enough medical justification, they go back to the doctor and say, look, we need what the medical condition is, or we need more medical justification is. They get that, they resend it. We put down "Yes, it was denied by whoever denied it in the first place", and we send it back. If it's the RMO that rejected it, it would go up to Al for approval. So you have that stuff. If Joanne refuses it, it could go either to Darlene or the Regional Medical officer. Or if, and in if still rejected then, then we send it back out to the community, back to the doctor, they have another choice to appeal it again. And that time it will go to Al, and Al will go to Ottawa to get a decision done. It's a long and lengthy process.

Yes, there should be an Appeal Process. One of the key elements of the Appeal process is timeliness. That there should be an Appeal Board in the community that looks at these things. Composed of community members. That's trying to envision the future, taking more responsibility. But certainly, maybe a tapered down Appeal Board for the time being. To talk to, to be able to make a case.

Transcript of Audio Tapes

The current Appeal process is not fast enough. I don't know how often the people use, I don't think they know about it. The only thing that's ever really been denied here is for someone to go out to Treatment. That's been very unsuccessful. Aside from that, I do believe mostly everything else has been approved.

There should be First Nations involvement in the Appeal process. Of course!

I suppose if there was a National Appeal Process, we could take an Appeal to a higher court. It shouldn't take five months. By the time you get approval, you don't need it any more.

Client Identification

Why don't we just get Cards issued in the community? Not too many problems with having cards with numbers, or whatever. That's not hard, but it takes too long to get these cards. It's ridiculous. Especially, it's the ultimate disrespect when you are talking about a 70-year old man who's trying to get his adrenalin or his nitro or something. Give me a break. The community would be better off keeping track of these things. Like, I've seen people sit down and do a population count in their head. The community knows who's here and you can sort of keep track from there. Who's missing, what.

Well, we'd like to issue Innu Nation cards, but how portable is that. Would it be recognized across the country. There's that question. Somehow, well, you know, there's TD Visa and Royal Bank Visa and all these sort of things. There's this little corner on the card that says "Visa", no matter what colour it is, no matter what kind of plastic it is, no matter what. Yes. The community would like to issue it's own cards, but somehow these have to be nationally co-ordinated though. So that the health care is portable and it's recognizable in these pharmacies elsewhere and these hospitals elsewhere.

We've had Innu people that have been refused service out in BC, because their card is not recognized as a Status Card. That was one of the girls from Davis who is out in BC going to school.

Communications Strategies:

Actually that should not be so difficult if people read their mail. But they don't. I'm not saying with the residents, with the residents is really easy, because you can go person to person, because everyone eventually uses the clinic.

Transcript of Audio Tapes

And anyone going outside for treatment or school can be briefed, because you know when someone's going to leave. So, you can reach people quite easily. I think where you are talking about Provincial people, well you just have to tell them - this is what the card looks like - a sample - done. Local Pharmacies can be notified, but if this card has from nationally some sort of symbol on it that makes it recognizable across the country, then all of these pharmacies know and all of these hospitals know. Then we don't have to communicate, we don't have to send a letter with every card. Just don't make it look like Pocohontas.

Negotiation of Contracts with Suppliers of Service

It would be interesting to know how these things work. Through some sort of communication, I'm not saying be there, but you can get a briefing about how they work. That would be useful. But trying to think how this would apply up here and stuff, it's very, hard to talk about it to pharmacies in town. They are both privately run. Considering the Management Options, it all stems from what Management Option. If you're in the Status Quo, well, there are no negotiations.

Claims Payment Processing

This is a difficult one, it's difficult to envision what the future is like, you know. These sort of things do get dictated by how much travel your people do. And do you need to employ a larger private outlet, do you need a little address on the backs of the identification card that says "Send any bill directly to the Innu Nation", whatever. That's future. That has to be decided. But for now, certainly, we can say the re-imbursement thing - we can't do it. Our level of poverty is such here that it's desperate.

Well, you're paying the claims anyway, if you transfer. Because basically if you say Blue Cross does it, or that MSB has some sort of claims processing unit. If MSB or Blue Cross were just to come back and bill you, plus administration costs. So in fairy land, where everything works perfectly, it would be really nice to process your own fees and save on the administration costs, but whether or not that's feasible? That's something that has to come later. It's hard to talk about later.

Services to On and Off-Reserve Membership

In the future we could possibly provide services to those living both inside and outside the community.

Transcript of Audio Tape

Core Benefits

Basically, Status Quo, but with some recognition for Traditional Healing. We'll go back to the community and talk to them about Traditional Healing. Yes, we believe in a set of Core Benefits.

Core Principles

In terms of Core Principles, the Crown should be the payer of First Resort. Prescribing people should be, in essence, authorized by the community. Like, this idea of people being authorized by the community, this doesn't have to exist as some sort of ward that exists like an NIHB Unit, that they always get stuff in and they authorize it. At some point we have to have a conversation about who do you find acceptable to use as your professionals. That's all.

Management Options

Opting for Status Quo. Plus improvements. The improvements we stipulate. Obviously there is a discrepancy between what is being utilized and what should be utilized. When you do look at the dental figures, they probably won't be that high. What's wrong there? Well, education, probably, about the fact that people should know that sugar rots your teeth and that your diet, these are the things that have sugar in them. How do you keep your teeth for your whole life? Okay. So that's missing and we need to talk about a program, not NIHB but another little program, about getting community education going. So, that has not been allowed for in our Contribution Agreement. We need to discuss that. But we can look at these things and say for the health of the community, those sort of things have to happen, but also we're paying the stipend for our community doctor. That, we picked up the cost for the clinic. We don't have trained CHR's. We don't have a health nurse. And there is an Innu nurse, she works at the hospital. She could be employed in the community as the Community Health Nurse. She's a Registered Nurse. There's more here.

Thinking about Medical Transportation, that's really a large proportion of the budget. And I'm thinking about how the large majority get paid. I'm thinking about how that's really a well used portion of it. I think we going to have to get into a written critique of these things.

Transcript of Audio Tape

We can say right now that NHB's are great. We get patient travel and the drugs paid for, dental services and vision care. Gee, you know, this is actually very good. But the people here are such that this is not part of their culture, to utilize these things. Now, as people become more assimilated, and they are becoming more assimilated, what changes here? At this time, it's difficult to say what should be improved. But when people become to realize they don't have to live with certain things in their life, certain hardships, they'd like some health benefits that would help them deal with these things. But we're not seeing it right now. Because people aren't necessarily banging down our door demanding them. The level of acknowledgement of what's outside, what's there is not there.

Culturally, people don't go places alone. People don't do things alone. This is not the culture of the individual. And so it would be deemed appropriate that any person going out of the community would need an escort. People fight for this, you know. People fight to get out with their son or daughter. And we actually have people coming down for three days, coming back and sending the next relative, so that different people can stay with this person. Like, there is a demand there that we have to go with you when you go out of the community.

**Miawpukek Band (Conne River Health & Social Services)
Conne River Reserve, Newfoundland**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
Q1. Management Option	
What management options do you recommend?	<ol style="list-style-type: none"> 1. Administrative control through contribution 2. Unconditional transfer
What management option do you recommend for your community?	We would consider both options and will make a presentation to Sagamaw & council on both options with a recommendation, tentative, that we pursue unconditional transfer.
Q2. Core Principles	
Do you recommend that there should be nationally applied Core Principles?	Yes.
If YES, what do you recommend?	<ol style="list-style-type: none"> 1. Payer of first resort, with recovery from other plans as possible. 2. National consistency in benefits but not necessarily in directives. Bands need the flexibility to decide how implementation will take place. 3. All registered Band members 4. Health Services provided when & as needed without regard to financial status. (#4 AFN) 5. Health Services should not be changed without the agreement of first Nations.
If NO, what Program Principles do you recommend for your own community?	N/A

Workbook Question	Transcript of Response
<p>Q3. Appeals Process</p> <p>Will you implement an appeals process in your community?</p> <p>What type of appeal process do you recommend?</p> <p>How will your appeals process work?</p> <p>Do you recommend the present regional appeals process continue?</p> <p>Should there be a national appeals process?</p>	<p>Yes.</p> <p>Appeals would be to the Management team, consisting of Director or Assistant Director, Community Health Nurse, Community Health Representatives, Office Manager, & NIHB clerk.</p> <p>Appeals would be made to one staff person designated by the management team, who would gather all information & convince the management team for a decision.</p> <p>Does not apply to Conne River at present</p> <p>No.</p>
<p>Q4. Client Identification</p> <p>Will you use the present method of client identification?</p> <p>Will you create your own identification card?</p> <p>How will you notify your community members of changes?</p> <p>How will you inform the Suppliers of the changes?</p>	<p>Yes.</p> <p>No.</p> <p>Do mail-out to Band membership list. Any questions could be answered by calling 1-800 number.</p> <p>NIHB newsletter to Provincial Associations of Suppliers. Any questions could be addressed by 1-800-why-NIHB.</p>

Workbook Question	Transcript of Response
<p>Q5. Contract Negotiations</p> <p>Do you want to negotiate your own fee schedules?</p> <p>Do you prefer to use the fee schedules negotiated by MSB?</p> <p>Do you prefer to negotiate directly with the Suppliers of Service?</p>	<p>Yes.</p> <p>No.</p> <p>Yes.</p>
<p>Q6. Client Reimbursement</p> <p>When travelling away from home will your members have to pay first and reclaim the money from the Band?</p> <p>How will you administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p> <p>Q.7 Claims Payment Process</p> <p>Will your Community be responsible for Claims Payment?</p> <p>Will you pay these Claims through your own band administration?</p> <p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p> <p>How often would you issue cheques to providers of service?</p> <p>Will you pay Late Charges?</p>	<p>Band members would be required to pay for benefits up to \$50. Any benefit in excess of \$50 can be paid through direct billing by the supplier, arrangements to be made through 1-800 #.</p> <p>The Supplier would contact CRHSS by toll free number & confirm status & eligibility of claimant. An authorization number for the NIHB program would be provided to the supplier & the client would be required to counter-sign receipt from supplier.</p> <p>We are already responsible</p> <p>We pay through Conne River Health & Social Services</p> <p>No</p> <p>Every 30 days</p> <p>Yes</p>

Workbook Question	Transcript of Response
<p>Q.8 Services to On & Off-Reserve Members</p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p> <p>How will you notify eligible members of and changes?</p>	<p>Yes</p> <p>Brochures to be sent to existing registered members & new members.</p> <p>NIHB newsletter to be mailed on a quarterly basis.</p>
<p>Q.9 Benefit Issues</p> <p>Do you want Core Benefits which are universally available and portable across Canada?</p> <p>Will you develop your own community list of Benefits?</p> <p>What Benefits would you provide?</p> <p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<p>Keep National List except in those situations where coverage can be improved within same costs.</p> <p>Norplant Smoking cessation aids</p>

Quebec Region

Report of the Consultation Process

Consultation Workshop
Moderator: Richard Picard

First Nations in partnership with MSB, and not the reverse.
FORMULAS/OPTIONS

(In response, Joanne Meyer talked about the envelope, adding that there was no longer a Supplementary Estimates budget. Mike Burdett said that the pilot projects would be useful as a vehicle in perfecting administrative systems. Joanne added that a percentage would have to be negotiated for administrative costs.)

1. General Principles:

- a. right acknowledged by the Government of Canada
- b. services withdrawn from coverage under Quebec's health insurance plan
- c. all members registered on band list
- d. at least current service levels
- e. last-resort payer
- f. increased cost of living
- g. negotiation based on 100% of population (Off- and On-Reserve)
- h. (...)
- I. file transfer
- j. appeal: ombudsman, group of communities
- k. mandatory identity card
- l. supplier contracts, renegotiation by First Nations with same procedure
- m. reimburse the supplier, not the client
- n. realistic for each community to establish its own criteria? Fix the rules of the game together
- o. mandatory identity card
- p. supplier contracts, renegotiation by First Nations with same procedure
- q. reimburse the supplier, not the client
- s. realistic for each community to establish its own criteria? Fix the rules of the game together

2. Program Principles

- a. Right to health recognized by the Government of Canada.
- b. MSB agrees to pay for the services that Quebec will withdraw from the population.
- c. The same services should be provided to all registered band members.
- d. At least the same level of services as currently exists.
- e. Last resort.
- f. Increase in line with cost of living.
- g. Negotiations taking into consideration 100% of the off-reserve population and not the percentage presently covered by the Department.
- h. Increase the mental health budget prior to transfer.
- I. Health Canada agrees to reopen the agreement in the case of exceptional and justified increase in expenses.
- j. Prior authorization.
- k. Health Canada and Blue Cross must transfer all client files currently in their possession.

3. Appeals Process

- a. Yes (Ombudsman), could be available for the whole community.

4. Identity Cards

- a. Mandatory card (Aboriginal)

5. Contracts with suppliers

- a. Keep the same system, but we should negotiate with the suppliers.

6. Payment procedure

- a. The supplier should be reimbursed, not the individual.

Major problem

- a. Is it realistic to think that every community can establish its own criteria for dispensing the services? (Glasses, teeth, etc.)

Consultation Workshop

Moderator: Gilbert Courtois

1. General Comments:

- a. Time should not be an obstacle: we should not hesitate to request another consultation since the orientation process has been successful.
- b. Identify the questions that are not in the document. E.g. under utilization of NIHB's (especially non-residents).
- c. Ancestral rights of Aboriginal people and rights granted by treaties (French version preferred to "Aboriginal and treaty rights"):
- d. Time and scale of charges;
- e. List of products.
- f. Assessment: Maximum utilization of all services by all members (full use forecast): exercise to be carried out by MSB throughout Canada.
- g. Speakers: there should have been someone to make a presentation in French.
- h. Translation Problems:

The document (consultation handbook) should be equally understandable for all communities. Examples are:

I. p.8 (basic principles, AFN):

- A. English: "fiducing" French: "representant"
- B. English: "crown" French: "etat"
- ii p.10 "Si vous recommandez de ne pas etabli de principes de base", add "a l'echelle nationale"
- iii. p.17 English: "fees" French: "tanges et baremes" to be checked
- iv. p.25 "Produit grand public" (drugs) = "au commun", "au comptoir", "sans prescription", "sans ordonnance".

2. Consultation Handbook

We reviewed future management methods.

- a. Option #2: Joint Management
 - I. We need to define what is understood by this
 - ii. Flexibility required
- b. Option #4: Private Health Insurance Plans
 - I. Is this a general option or does it simply mean paying the bills?
 - ii. A private plan presupposes a permit, a law to govern it, and standards.
 - iii. Complex process.
- c. Option #5: Integrated Community Health Services
 - I. Within an overall transfer agreement?
 - ii. Is the French description accurate?
 - iii. Feeling: for prevention only.
- d. Option #6: Unconditional Transfer
 - I. Small communities penalized: the same administrative costs and administrative resources as for large communities.
 - ii. Possible solution: pooling, partnership, reconstruction of services fractioned off by the government.
- e. Option #7: Conditional Transfer
 - I. Administrative conditions:
 - ii. Does transfer equal flexibility? (as for other services)
- f. Option #8: Self-Government
 - I. The ultimate goal of many nations and bands.
 - ii. Attikameks and Montagnais could be in a position to take this path before the others (negotiations in progress with Quebec).

g. Option #9: Single-Funding Mechanisms

- I. Similar to alternative funding arrangement (AFN).
- ii. A form of status quo (1) and contribution agreement (3).
- iii. The province could eventually contribute to the funding of the services.

h. Option #11: Aboriginal Non-Profit Organization

- I. Management method: same for all communities or different for each community.

3. Workbook Question 1:

- a. Differences between the First Nations as a whole and the individual communities (difference between the 2 questions).
- b. In practice, the communities are practically obliged to give the same answer to the two sub-questions.
- c. comment, questioning, research at Quebec level.

4. Workbook Question 2 (Basic Principles):

- a. Process of implementing autonomy: parallel negotiations with the province, clarify obscure areas.
- b. Services dispensed by the provinces (equalization payments)
- c. Interpretations vary depending on the regions, provinces and communities concerned.

5. Workbook Question 3 (Appeals Procedure):

- a. Case-by-case complaints, no structure (present situation).
- b. Neutral committee needed.
- c. In case of transfer, neutral committee required at the local regional level.
- d. A Charter of Users Rights and a Character of Users Responsibilities may be needed, to ensure balance.
- e. We could transpose a type of procedure that already exists in other sectors, e.g. education, social services, NNADAP.
- f. Group of communities or tribal councils or at AFN level (presupposes shared principles).

- g. What regional procedures already exist? (p.13)
- h. Unrealistic national procedure (if "regional" includes all Quebec's First Nations).
- I. Meaning of "national" ("regional" raises a problem only in the case of Labrador).

6. Workbook Question 4 (Client Identity):

- a. papers by regions.
- b. Recognition by band but not by Department (membership code).
- c. Recognize the present list with annual additions (presupposes control of membership).
- d. Cards: careful, do not duplicate the problems of the cards, e.g. (case) card in file only.
- e. Card could increase confidence levels among service suppliers.
- f. Difficulty: different lists.
- g. Difficulty: people who do not want the card.
- h. Would suppliers be as trusting? (First Nations card vs. Department card).
- I. Identify the suppliers and change the list.
- j. What if there are several lists that some suppliers do not often use (difficulty).

7. Question 5 (Negotiation of Supplier Contracts):

- a. Presuppose qualified people, e.g. pharmacists.
- b. Volume.
- c. Research for all communities: information on available services.
- d. Scales of charges not fixed.
- e. Danger: the Department reduces its list over the years.
- f. some form of grouping desirable: negotiating power with suppliers.

8. Workbook Question 6 (Reimbursement of Clients):

- a. Only problem in Schefferville: Labrador Innus under the jurisdiction of Atlantic Canada and Newfoundland.
- b. Questions: - additional insurance (to cover surplus)
- c. outside Canada
- d. Quebec card vs. federal responsibility

9. Workbook Question 7 (Processing of Applications for Payment):

- a. Implications of different transfer levels.
- b. Question: will options be available among NIHBs? Probably each band can experiment.
- c. Payment by band's administrative services (normally solvency of the band or group of bands will be verified before the agreement is signed).
- d. Procurement group.
- e. Accounting principles, bands: 30 days (one moon).
- f. Will the Department really pay late payment charges?
- g. NIHB management may provide opportunities to make profits (e.g. transportation)
 - I. any such profits must be considered separately (to be defined clearly and generalized)
 - ii. money for development, money for operation of health services).
- h. Other commercial agreements to be negotiated with suppliers (savings, projects).

10. Workbook Question 8 (On- and Off-Reserve Membership):

- a. Fairest option to bill other: all claimants living on-reserve (all Aboriginal people).
- b. Preferably all members.
- c. Otherwise, recommendation for non-residents.
- d. Special budget to be negotiated.
- e. Information to members, mainly a problem for bands with a lot of off-reserve members.
- f. Department: manual, list of services (not widely available).

11. Workbook Question 9 (Services offered):

- a. Point 2 (medical supplies and equipment): presently impossible to build up a reserve, no long-term control.
- b. Point 3 (eye care): more costly operation to correct a problem may be a saving in the long-term.
- c. Point 6 (mental health):
- d. transitory management method.
- e. most would prefer to have the services of a psychologists within the community.
- f. more administrative delays
- g. more flexibility desirable

- h. skills of nursing staff could be taken into consideration (delegated acts).
- I. even CHRs could refer (psychologist) (as opposed to psychiatrist).
- j. unequal access: some problems are easier (e.g. problems with the law, substance abuse) than others (e.g. burnout, family violence).
- k. Point 8 (others, according to regional needs, e.g. meningitis, tuberculosis).
- l. Grey area federal-provincial: discussions, triparties, communities working together with federal and provincial.
- m. Define this category of services - e.g. include traditional medicine or other details through certain professions.
- n. Maintain the principle of uniformity: depends on initial option.
- o. Special local problems to be considered (own list of services).
- p. Improvements to current list, e.g. infant formula in some cases.

Quebec Region Consultation Workshop

Representatives from the Micmac communities of Gesgapegiag and Listugi and the Mohawk communities of Akwesasne, Kanasatake and Kahanawake participated in this work session.

On the afternoon of February 21, 1995, focus was set upon the idea that should a community want to takeover NIHS, how would their concern be addressed. The group agreed to three general areas:

1. Principles (to guide);
2. Policy (to direct);
3. Financial Optional (to deal with)

STRATEGY

Problems

A.M. Consolidate Problems

Recommend Improvements and Management Options

P.M. Compare to Questions Preset

Concerns raised about NIHS (is concern Principle, Policy or Financial/Operational):

1.
 - a. Membership Eligibility (Principle, Policy)
 - b. Possible Management options
 - c. Kahnawake Akwesasne and Kanasatake be sure traditionalists are recognized as eligible for services.
2.
 - a. Vision Care (Policy)
 - b. Coverage of travel?
3. Only Administrative Transfer (Principle, Financial and Operational)
4. Follow DIA, Mission of this consultation does not reflect self-determination (Principle)

5. Cost for off-reserve Non Insured health Services (Financial, Operational)
6. Benefit vs. Service (Principle) - Different meanings
7. Is 1979 Indian Health Policy used as a Basis for Non Insured Health Services? (Principle)
8. Population projections for young population not reflective of how our population is aging: present future needs will not be met.
9. Concern re: planning capability of communities.

Policy

- a. Membership Eligibility
- b. Vision Care, Travel
- c. Population projection is not realistic to meet present/future needs (Policy)
- d. Partnership define/practise We don't have full access to information (policy)
- e. Appeals Process unclear (policy)
- f. Pre-set Policy, Yes or No?
- g. Criteria for Services (Principle Policy)
- h. Services (Policy Research)
- i. Essential services
- j. Quality of life services
- k. Review of appeals process to identify and document mis-management

Problems

- a. Funding arrangements are not equal. (Financial, operational)
- b. Not enough community capacity to effectively handle take over and management education of our human resources. (Special Policy)
- c. Not enough Regional/HQ cooperation in terms of accessing information

Problem Principle

- a. Need services in USA/Borders (Principle) (Especially Akwesasne situation)
- b. Is MSB payer of last resort (Principle)
- c. Definition of health - Western (scientific) (Principle)
- d. Differences - Native holistic (Principle)

- e. Incorporate spirituality (Principle)
- f. Traditional healers (Principle)
- g. Health consumers and rights/responsibilities (Principle)
- h. Health services in terms of holistic health (Principle)
- I. Funding methods do not support good management/do a good admin job must return funds to government what is the incentive? (Financial/Operational)

Problems (Principle)

- a. Compassionate travel reduction (policy/Financial)
- b. Indian control with a cap on resources (Financial/Operation)
- c. Core Principles (services)
- d. Police users but do we police providers? Better control of cost. (Policy)
- e. Not all of us want take over/transfer (principle)
- f. What do we put in place for this?
- g. Travel budget to strengthen accountability (Financial/operation)
- h. Mission Statement is not reflective of the process here today.

Principles

- a. Health services are a First Nations treaty and aboriginal right

Core Principles

1. Health Services are a First Nations treaty and Aboriginal Right and shall incorporate and respect the concept of Holistic Health.
2. Health Services are provided though the fulfilment Fiduciary responsibilities as per the 1979 Indian Health Policy of Canada.
3. The Federal Government is the principal provider of all Indian Health Services, including NIHS.
4. Health Services will be provided when and as needed with out regard to financial status, shall be compressive, accessible and fully portable regardless of residence.
5. Health Services shall not be changed without agreement of First Nations

6. Federal Government shall respect the right of First Nations to determine their membership
 - a. Community Based and community paced
 - b. Community Information Resources
 - c. Community Human Resources
 - d. Accessibility of information now inconsistent

Recommendations:

Partnership does not mean unilateral decisions are made this process

Preamble

We have entered in to the Non Insured Health Benefits Consultation process with the need to establish a position on the Non Insured Health Benefits Process and its principle of equal partnership. Equal partnership means decision are made together based on equal bases of information.

The partnership and process established for the joint task force has been compromised by the Federal Government actions and policies:

1. The transfer of Non Insured Health Benefits funds to Building Healthy Communities during the review process.
2. Misrepresentation to First Nation communities by the Minister of Health that Building Healthy Communities was new money.
3. Attempting to limit the review process to what could be, excluding what has been.
4. Limiting access to information concerning health services. i.e. Cabinet documents.
5. Limiting negotiations by sidestepping responsibilities from one federal department to another e.g. treaty issues.

We therefore go on record that we do not support/condone or accept changes made within Non Insured Health Benefits during the review process.

In consequence we strongly recommend that this position is highlighted and reflected in the report of the review process

We further recommend that:

1. The review process be expanded to include the pilot projects.
2. The consultation process be extended to allow for more community input.
3. The process includes two reports:
 - a. An interim report on the consultation process to include the pilot projects.
 - b. A final report that is in concert and includes the pilot projects.

Principles:

Where is partnership when there are two separate sets of principles (AFN/MSB)
Policy Research
Community Information Resources
Community Human Resources
Inconsistent communication of and accessibility of information
Issues not respecting partnership
Never review existing program
This will help determining capacity at community level
Issues: is this a consultation or information session

Problems:

- a. Where is partnership were there are two separate sets of principles (AFN/MSB)
- b. Want to insure that Canada does not forget it's fiduciary responsibilities
- c. Dump and run NIHS - Give it to First Nations to run with more restrictions added
- d. We want Quebec Region to have the \$85 Million for non-insured
- e. The auditor general reports is wasted for this process
- f. Set final report (sept. 95) to be an interim report with the final report at end of pilot project period with final report at the end of the pilot projects process
- g. Package has created more questions to the process
- h. not fully dealt with Transfer within proper terms
- I. it is a piecemeal process
- j. Community based and paced

Overview:

1. Identify Problems (28 in all)
2. Group in sectors:
 - a. Principles (15)
 - b. Finance operations (7)
 - c. Policies (6)
3. Recommended Improvements For Management Options:
 - a. Slow down pace
 - b. Final report should be after pilot projects (1997), with Fall 1995 Report to be an interim report
 - c. Mission Statement is not reflective of the present process
 - d. Partnership does not mean unilateral decisions are made
 - e. There must be a consistent set of principles
 - f. JTF Terms of Reference only looking at #5, need information on #2 & 3.
 - g. There is consistency/Breakdown of communication between June 94 information meeting and this meeting (consultation)

Mohawk Council of Kahnawake

Recommendations

Transcript of Recommendation

As a follow-up to the February 21 - 23, 1995 meeting regarding the Quebec Region - Non-Insured Health Services Management Option, these are the recommendations:

1. There is a need to slow down the pace. The deadlines presented are unrealistic if proper consultation is an integral part of the process.
2. The final report of this process should incorporate the evaluation of the Non-Insured Health Services pilot projects in 1997.
3. We are aware of Health Canada's mission statement, "We help ... through leadership, partnerships and dedicated service. We strive for excellence ... by trust and cooperation where people are treated with fairness, dignity and respect."
4. There must be a consistent set of principles. A process with two sets of guiding principles (AFN vs. MSB) is a recipe for misunderstanding. Our community is in agreement with the following CORE Principles that:
 - a. Health Services are a First Nations Treaty & Aboriginal Right and shall incorporate and repeat the concept of Holistic Health.
 - b. Health Services are provided through the fulfillment of federal fiduciary responsibilities as per the 1979 Indian Health Policy of Canada.
 - c. The Federal Government is the principle provider of all Indian Health Services, including NIHS.
 - d. Health Services will be provided when and as needed without regard to financial status. Shall be comprehensive, accessible and fully portable regardless of residence.
 - e. Health Services shall not be changed without the agreement of First Nations.
 - f. The Federal Government shall respect the right of First Nations to determine their membership.

I trust this position will be shared with the AFN/MSB Joint Task Force on Non-Insured Health Services.

In Peace & Friendship

MOHAWK COUNCIL OF KAHNAWAKE

Michael Sky
Council Chief

Ontario Region

Results of the Consultation Process

**Union of Ontario Chiefs
Sudbury (Group One)**

May 11, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
<u>NIHB Key Program Elements</u> <u>Recommendations & Suggestions</u> 1. <u>Core Program Principles</u> All in agreement on the principle of universality with some restrictions. In agreement with all the AFN principles. MSB should adopt these same principles. 2. <u>Core Benefits</u> - to maintain the current list of NIHB benefits. - recognize traditional healers & herbologists (naturopathists)	<p>We discussed what was needed in order to get these benefits, to receive these benefits. We said some restrictions, we didn't get into that, but we said there needs to be some boundaries.</p> <p>The other thing was, we were also in agreement with the Assembly of First Nations principles and we felt that Medical Services Branch should adopt these principles as well.</p> <p>Number Two was recommendations for Core Benefits.</p> <p>We discussed to maintain the current list of Non-Insured Health Benefits that are currently on there, as well, to recognize traditional healers and herbologists or naturopathists. Because I guess at present it's not recognized and people want, in terms of going to a traditional healer it is recognized, but in the area of herbologists or naturopathists it isn't, so it's also an alternative route to treatment. So we felt that was important as well.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - under Medical Trans. -> include visitations to dentists and optometrists - easier accessibility to chiropractor services - we recommend to maintain the current list of core benefits. - to reinstate certain benefits that were deleted from the original list. 	<p>Under Medical Transportation there was some discussion - I guess we got into details about that - to include visitations to dentists, optometrists. I guess under this discussion here we got into each of our First Nations and how our existing Medical Transportation Agreements were already in place, so there were discussions on sort of "what are you doing in your First Nation? This is what we are doing over here for Medical Transportation." So we did want this to be designated under NIHB as well. In more detail I guess there'd be more issues to that, but to put it down, to make it an issue.</p> <p>As well we also mentioned easier accessibility to chiropractors, chiropractor services. As it is right now, all chiropractor services are covered under Non-Insured, but I guess we had discussions about some different case scenarios where there's a lot of paper work, information required for treatment plans and what's needed by the doctor, so I guess just leave it be to have it easier accessible for the client.</p> <p>I guess, continuing on, we recommend to maintain the current list of Core Benefits.</p> <p>To reinstate certain benefits that were deleted from the original list. We had some discussion in this area under, as most of you know, or some of you may not know, there's been a lot of items that have been deleted from that original list. I think which are also similar to the Ontario Drug Benefit Plan as well. These include things like vitamins and certain medications that were deleted.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - availability of NIHS to <u>all</u> band members (including off reserve) - easier accessibility to chiropractor services. - we recommend to maintain the current list of core benefits. - to reinstate certain benefits that were deleted from the original list. - availability of NIHS to <u>all</u> band members (including off reserve) - home care nursing services 	<p>We felt that they should be reinstated back onto the list as well as other mentionables including some new types of drugs that might have arisen or something else that has come up that we might a need.</p> <p>Availability of Non-Insured Health Services to all band members, including off-Reserve, because I think Michael was mentioning earlier about off-Reserve, that there was some discussion about that. So there was a concern there, so we felt it should be to all band members including off-Reserve as well. Because a lot of times you're servicing a lot of areas, I know that in our area, up in Garden River, that B???? is right beside us as well, and at least half of their clientele is off-Reserve.</p> <p>As well, another big area that I thought was important was Home Care Nursing Services. With the current shift of hospital care going to community-based care, a lot of these services will be required, beyond just basic home-making services. There's going to be a lot of need for nursing services right within the community and apparently there is a small portion of that is from Building Healthy Communities, I believe, and I don't think that will be enough, be sufficient to cover the needs that we will be faced with in upcoming years. This is a really big area that I feel we are going to be needing, so we just wanted to mention that. That should be included under the benefits.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>3. <u>Eligibility Criteria</u></p> <ul style="list-style-type: none"> - visitors to the U.S.A. should be eligible for NIHB. - registered F.N. persons (and entitled to be registered) who are non-residents of Canada should be entitled to NIHB. 	<p>Moving on to Number Three, the Eligibility Criteria. We had some discussion on that visitors to the U.S.A. should be eligible for Non-Insured Health Benefits. As it currently stands right now you have to purchase your own private insurance from Blue Cross, or whatever, and it's not covered. So, we agreed that if you are going over to the U.S.A., for visiting somebody, you should be eligible to receive your benefits over there as well, if something should happen. You should be covered.</p> <p>As well, registered First Nations persons who are non-residents of Canada and are entitled to be registered, they should be entitled to Non-Insured Health Benefits as well. I guess we had some case scenarios who, if the person wasn't living on the First Nation, they didn't live in Canada but they are even eligible for registration or they are from that Reserve but they don't live there, we thought that they should be entitled for benefits as well.</p>
<p>4. <u>Future Management Options</u></p> <ul style="list-style-type: none"> - maintain status quo - transfer to a F.N., Inuit Provincial or P.T.O. (Unconditional) - co-management leading to unconditional transfer 	<p>I skipped a part, I'm just trying to think..Okay, Future Management Options. We had quite a big discussion on this. And we felt that, we started out talking, just individual people were throwing out ideas, like maintain the Status Quo, Transfer to First Nation, Inuit of provincial or P.T.O., unconditionally, or Co-Management leading to unconditional Transfer. We started talking about these three areas and then it was pointed out that we didn't really have a lot of information to be able to make a sound and informed decision on which way we would go,</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>More details need to be provided on these and the complete list of options.</p> <p><u>NIHB PROGRAM ADMINISTRATIVE ELEMENTS</u></p> <ol style="list-style-type: none"> 1. YES there should be an appeal process with the following suggestions: - client advocate should be in place to assist with appeals. For both the client to supplier 	<p>Because that little booklet that has the Management Options just tells you very little, and this is a big area.</p> <p>There just wasn't enough information to really say, after we discussed these three we just said we couldn't make a sound decision. Although I know that not all the decisions are been made here today, but just in our talks, we felt that there needs to be a lot more detail provided on these and the complete list of options because when we go back to our communities, I know that my community will certainly be asking what are all the different options, more details and so they can make some decisions.</p> <p>Moving on to the next section, the Non-Insured Program Administrative Elements. This was an interesting discussion as well, because we felt the questions that were in the Work Book, we felt, kind of swayed us into just thinking one way. But, however, we that out as we were talking as we were going along and trying to come up with some answers.</p> <p>We felt that the first one, "Should there be an Appeal Process? How should it work?" Yes, we said, there should be an Appeal Process, with the following suggestions:</p> <p>We felt that a client advocate should be in place to assist with appeals from both the client and the supplier. Right now as it works, for an example, it's usually the Non-Insured Health Services clerk or the nurse or somebody that's working within the Health Centre who is within their job of course advocating for the client,</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - First Nation representation should be identified at the three levels of the appeal process (with a fair balance of MSB to F.N.) - community based health committees would initiate the selection process for appeals 	<p>but within the scope of Non-Insured there should be someone there who can advocate for that client and make sure that they know how to use the system and the routes that they get the best possible help to obtain those benefits.</p> <p>As well we felt that First Nation representation should be identified at the three levels of the Appeals Process, with a balance of MSB to First Nations. I guess we came up with this, correct me if I'm wrong, Brad, but we said there were three levels in the current process. And we felt that at each level there should be clear representation, there should be First Nations peoples sitting on those levels as well, with a fair ratio to MSB people to make good sound decisions and that there would be a balance there so that one does not hinder over the other, or you get First Nations people going with the people that are going from that community, or if you speak on behalf of your people.</p> <p>As well, community based Health Committees would initiate the selection process for appeals. We got talking about the Appeal Process, we stated that most of us do have health committees that are in place on our First Nations and it was only common sense, or it just seemed right that these people should be the ones to at least start the selection process for appeals because they are the people that deal with all the health issues, we know what we are talking about, and we know what Non-Insured is all about, so we thought that would be a good start.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - further discussion needs to take place on regional and national representation. 	<p>As well, further discussion needs to take place on Regional and National representation. So this just meant here that out of the community-based selection process, we decided that we needed to have more discussion on the, at the Region and Nationally, how would we decide would sit on these committees or whatever, on the Regional, National level. There just wasn't enough time and we felt that more discussion needed to be done on that.</p>
<ul style="list-style-type: none"> - We DO NOT recommend the present practice of regional appeal process to continue. 	<p>We do not recommend the present practice of Regional Appeal process to continue. Again we had many discussions about different case scenarios and we discovered they weren't been effective and different instances of people weren't getting treated fairly, or the process was too long, or there wasn't enough persons to make the system work smoothly, so we do not agree with that.</p>
<p>2. How should eligible clients identify themselves to suppliers of service?</p>	<p>On Number Two, "how should eligible clients identify themselves to Suppliers of Service?"</p>
<ul style="list-style-type: none"> - joint program implemented with M.O.H. to identify status. 	<p>We had some discussion again on this, and we started out, we decided that as a suggestion, a joint program could be implemented with the Ministry of Health to identify Status. That is directly related to the new Health Card System that's currently started out where everybody is getting a new Health Card and there is a unique identifier there with a picture. But it also has a strip for all the data on that person, with all the information, and we felt that in that system, somehow, that could be implemented to uniquely identify who would be eligible.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - existing problems with Blue Cross system i.e. - toll free # not accessible to F.N. - suppliers have not been orientated to new system i.e. have not received packages, toll free # etc. - inform community members of change in I.D. criteria by: workshops, meeting, community newsletter, 1 on 1, home visits (elders, disabled), circulate info in classified (major newspaper) radio, community cable channel (T.V.). - regular, consistent information should be sent to the suppliers on an ongoing basis, <u>regardless</u> of change. 	<p>We also said existing problems with Blue Cross System, we sort of got to talking about that, the Toll Free Number is not accessible to First Nations and some of the Suppliers are not able to access it so there are problems there.</p> <p>As well, Suppliers have not been orientated to the new system, i.e. they have not received packages and Toll Free Numbers, etc. These are other case scenarios that have happened within the communities where the Suppliers, it's not working in a systematic way, in a simple way to get processed. We are still having to call the Health Centres and then they don't have the information, so therefore the client ends up waiting or they don't get a benefit that they are eligible for.</p> <p>How should it work, the Appeal Process?</p> <p>We also said, too, we would inform the community members of change if we were to do this with the Health Card, for example, by just standard ways of communication, by workshops, meetings, community newsletters, one on one, home visits, especially to the elders and disabled or shut-ins, and we would circulate information in classified major newspaper, radio, community cable channel. Those are all standard examples.</p> <p>And we also stated that regular, consistent, and I didn't underline this but I wanted to, that word "consistent", because a lot of times you don't get the information in a consistent way or a timely way, it comes after the fact, after you've already been authorizing things that have gone through then you find out that they've cut it off.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>3. Who will negotiate contracts with suppliers of service?</p> <ul style="list-style-type: none"> - more information needs to be provided for management options in order to negotiate for contracts with suppliers. - ideally, it would be best to negotiate collectively on a regional basis. - assisted devices should be included in service/treatment. (Eg: crutches) 	<p>I'll just speak to Number Three. Who would negotiate with the Suppliers of Service?</p> <p>Again we put on there that more information needs to be provided on the Management Options in order to negotiate the contracts with the Suppliers. We decided that there was just again not enough information on the Management Options because it's such a big area, we had a discussion about how we couldn't put something on there that was really solid.</p> <p>Ideally it would be best to negotiate collectively on a Regional basis, so that if you did make sound decisions you'd come together collectively at region and come to some sort of a decision on negotiating the contracts.</p> <p>Somebody also had another idea - assistive devices should be included in the Service or treatment example such as crutches.</p>
<p>4. How should the payment process for benefits be administered?</p> <ul style="list-style-type: none"> - client reimbursement - client should be eligible for benefits outside home province as needed and be able to receive those benefits at that time without having to pay. 	<p>Number Four - "How should the Payments Process for Benefits be Administered?"</p> <p>Under client reimbursement -</p> <p>we said that clients should be eligible for benefits outside the home province, as needed, and be able to receive those benefits at the time without having to pay. So if somebody is, no, if you have insurance and you are out of the province somewhere and you need it, you need it now and most of the time you don't have that extra money with you if you are traveling or whatever.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - a national service directory should be provided to doctors, suppliers and made available to F.N. (Would include a listing of suppliers that recognize NIHB) - client reimbursement would depend on management options. 	<p>And if you need to get the medication right away, you should be able to get it, not have to worry about paying for it at the time and then hope it will be re-imbursed by the First Nation or whatever the Management Option it is that you take.</p> <p>We also stated that a national service directory should be provided to doctors, suppliers and made available to First Nations and this would include a listing of Suppliers that recognize Non-Insured Health Benefits. Again, we are getting back to the lines of communication, because that's a big, big problem that most of us can agree with. There's so many things that we don't hear about, it's always after the fact, so communication is a real vital link in making the system work no matter which Management Option that you choose. It important that the word gets out and this directory would keep everyone all on the same wavelength. Hopefully, anyway.</p> <p>The other thing was, getting back to client reimbursement would depend on Management Options. Again we had some discussion but we couldn't really say what would work this way because the Management Options are such a big area and we weren't sure what we'd do with it. A lot of it, I think, is a political decision and that depends on getting back to our own First Nations or communities and informing Chief and Council on which way they would want to go.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - the option of Blue (Brown) cross could be considered. - if process for payment is at a F.N. level, then there is a need for F.N.> in staffing and \$ - communities will be responsible for payment of service so long as the money is provided for staff (includes training, equipment & supplies & space) - payments would vary from monthly (q 30 days) or depending on the F.N. management option. - to service all members - on and off reserve. 	<p>We also said the option of Blue Cross - in here it's called Brown Cross, I believe, could be considered and if the process for payment is at the First Nation level then there is a need for more increase in staffing and dollars.. We had some discussion that if we were to take on Non-Insured Health Benefits at a First Nation level, would these monies be there in place? Because you are looking at more staffing, you'd need more training, you'd need probably definitely need more space and equipment and supplies, computers, whatever, so that's a big area that we would need dollars for.</p> <p>Communities will be responsible for the payment of service, so long as the money is provided for staff, includes training, equipment, supplies and space. So if we are saying as a First Nation that we are going to take on Non-Insured and that we could pull it off and we could do it, so long as we have this training provided and we have the dollars to do it and the space and the equipment. There is no reason why we should not be able to be responsible for payment of service.</p> <p>And again in the discussion for how would the payment process for benefits be administered, payments would vary from monthly, every 30 days, just depending on the management option.</p> <p>And to service all members on and off Reserve. Someone wanted to point that out again.</p> <p>That's it. Thanks for listening to me.</p>

**Union of Ontario Chiefs
Sudbury (Group Two)
May 11, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>We did a lot of work. I guess first of all I'd like to say that I'm sure our group, or any group across the country, agree with any of the other groups in this room with what is written on to go to this Committee, whoever they are. And that, at least as far as my group goes, and I didn't have any kind of health background like other people such as Earl, who has been involved in some of this process with having the Health Portfolio for the Union. And Paz, who works as a Health Consultant with our Union. The other groups had a benefit where they them, mind you, we were had Michael there who was, I guess an equal benefit to a degree and he was very, very helpful in this process though. I just want to mention that. And regarding what I just said, the comment I made about not talking about the pharmacists, as far as doctors fees and pharmacists and all them, if their going to lose out as a result of us taking over the delivery of services and all that kind of thing, I say too bad for them if they lose money. It's just too darn bad. And if any bureaucrats lose their jobs because of us taking over the administration thing, the dollars come to us and they lose their job as a result - too bad again. Because now they are going to know what it's like and what it's been for us to be unemployed for generations. Now they are going to feel what it's like and they are going to know how we felt for a long time. Maybe they can send that message to their government reps or M.P.'s and M.P.P.'s to tell them, you know, cut down your salaries, cut down your perks and cut down all the other stuff and give something back to the people instead of cutting back the Health Services, cut back their salaries and perks.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>PROGRAM PRINCIPLES</u></p> <p>- there should be some core national principles that apply everywhere in Canada:</p> <p>a agree with AFN Principle #1</p> <p>b #2 Health is holistic & all health services must be provided as part of the fulfillment of the federal crown's fiduciary responsibility.</p> <p>c the federal crown must be the primary provider & payer of all health services, including NIHB.</p>	<p>Now to do some serious stuff</p> <p>Regarding the Core Benefits, the Core Program Principles. What we stated, there should be some national principles that apply everywhere in Canada, some sort of minimal standard that everyone has to apply no matter where you are. And then we went on that we agreed with AFN Principle number one.</p> <p>And that Principle number two needs some changes in the wording so it says that Health is holistic and all health services must be provided as part of the fulfillment of the federal crown's fiduciary responsibility. So, we got into some of the wording just like the technicians usually would and we got pretty carried away. That's all we did yesterday was just the Program Principles. We got a bit away from that today, but it's something that we wanted to see, because a word sometimes that when you write agreements make a difference on how these agreements are interpreted later by bureaucrats or by legal people, legal beagles, we tend to call them that, and even the Courts. So you have to be very precise on the kind of agreements and the wording that's in those agreements to make sure that they can't be misconstrued and people taken to court and end up losing your benefits.</p> <p>We went on to (c), where it says that the federal crown, and we use crown again because there is the federal and provincial and we believe that we are a federal responsibility as was with the Treaties. The federal crown must be the primary provider and payer of all health services, including NIHB. And what our group really felt that we wanted to stress and emphasize here was that 1943 agreement where</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>d all health services must be universally and consistently provided when & as needed & must be comprehensive, accessible and fully portable within North America.</p>	<p>the federal government transferred responsibilities to the provinces regarding hunting and fishing, medical and education and all that. Well, I don't think that should apply to First Nations. Leave arguments with the Federal Government and that if they want to pass those responsibilities on that should be for the non-Indian people who don't have a Treaty and that sort of thing. That should just be for them. We should still be the federal responsibility. Because this way, when they divest themselves of that agreement, they're trying to rid themselves of their fiduciary responsibility to us. And that process is still taking place piecemeal, and everyone knows that, but some people just say it's not happening, but it's happened. We're well aware of that and don't be fooled by people who say it's not happening.</p> <p>And (d), all services must be universally and consistently provided when and as needed and must be comprehensive, accessible and fully portable within North America. And we had a bit of a discussion on the boundaries: Canada. North America or left to World Wide. But we came down to at least within North America because the boundary or border, if you want to look that, it's a political thing between those two foreign governments that came here and that's their boundary. We never had that boundary and it's still shouldn't apply to us. So that's why we wanted to include the North America as a whole. Because I know in the United States, if you are a Canadian Indian you can go down to some of the Reservations down there and get free health services.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>These core benefits must be: -</p> <ul style="list-style-type: none"> - traditional healing practices & traditional medicines must be recognized - the continuation of the current NIHB, with some enhancements. - medical transportation must be provided to all medical, dental, allied medical and alternative medicinal appointments and treatments. 	<p>And that these core benefits must be or should include:</p> <p>Traditional healing practices and medicines and they must be recognized as a others had said as a Core Benefit.</p> <p>And that the continuation of the current Non-Insured Health Benefits with some enhancements. The ones that are there now are good, but they should be enhanced to provide more service and to include more dollars to provide that better service.</p> <p>And as another Group said, and I took this partially from the other Group but also from what Michael had said yesterday regarding what has taken place in Montreal and how Quebec were way up there as far as they interpret that policy for Medical Transportation. Now it's nice that our relatives in Montreal are getting two vans to travel around the city and take them to their appointments, but the way I look at that, is those cities have excellent transportation systems. Now to me, I think the rural communities and the fly-in communities and you have the fly-in or the white boat in some cases or a combination of that, need those dollars a lot more than people residing in the city. They have those kind of services. But as far as vans going to pick up people at residences and that, that money could be better spent on people who needed it in more isolated areas.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>- we strongly recommend that a comprehensive mental health program be developed and funded.</p>	<p>I don't begrudge our relatives, my brother lives in the city and I have relatives there. I don't begrudge them that, but like I said, those cities have excellent transportation facilities and I don't see the need for them to give it with the exception maybe if they're in a wheelchair or something like that. If they can't get there on their own by taking a bus, if they need that, some of those services are already provided, like Toronto. They have these buses you call in ahead of time and they'll come there and pick you up and take you to where you want to go</p> <p>And that also included in that Medical Transportation instead of just for Dr.'s or hospital appointments, that appointments going to Dental or Allied and Alternative medical appointments and treatments be incorporated into that. Whether this is the chiropractor or anything related to you medically that you need should be paid for and the transportation. Whereas to the Dentists and some of those things are not now. If it's a necessity, then it should be paid.</p> <p>And again, we strongly recommended that a comprehensive mental health program be developed and funded as well, instead of piecemeal here and there. We wanted to see a comprehensive program developed outside of the NIHB benefits. Outside of it but also some to stay within the Non-Insured Health Benefits as well. We didn't want to take it completely out of the Non-Insured and put it somewhere else, we want a separate program but also to make sure that there is still something under Non-Insured Health regarding Mental Health Services.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - All health services, including the core NIHB, encompasses a holistic approach to health. i.e. mental, physical spiritual & emotional. 	<p>And that all health services, including the core NIHB, encompasses a holistic approach to health. The examples would be on how we look at health holistically would be the mental, physical, spiritual and emotional, on being holistic, whereas a doctors just treats them and that's it, they didn't look at these other factors. So we wanted to make that it's a holistic approach to healing and health and not be kind of fragmented and you don't look at these things.</p>
<p><u>ELIGIBILITY CRITERIA</u></p> <ul style="list-style-type: none"> - #1 eligibility for NIHB must recognize F.N. authority. - delete MSB #2 - #3 as is 	<p>Under eligibility criteria and for there we had much discussion again about this one as well. And basically it came down to eligibility for Non-Insured Health Benefits must recognize First Nations authority.</p> <p>And that we deleted MSB - Medical Services Branch, whatever, number two that was written in there somewhere. I can't remember what it was.</p> <p>And number three, those benefits in there remain as they were. I think that's for students and migrant workers. Remain as it is.</p> <p>But the second one we thought it could be taken out because we couldn't see any relevance, because sort of one and three, we saw incorporated number two anyhow. So that's how we saw the eligibility criteria.</p> <p>I know in the longer term it's going to more than likely come down to First Nations authorities developing their own criteria.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>Where they way that these benefits are an aboriginal or Treaty Right. Now the federal Government can turn around and say okay, that's in there, but they can look at the Robinson-Huron Treaty and say okay, you say it's a Treaty Right in your agreement, where does it say in your Treaty that it is a right. It's not written in the Robinson-Huron Treaty. But in Treaty 6 and the other ones, it's written in there. So that's why I say, be very careful on how these agreements are worded, because these people, their technical people, they're trained also to look after the federal government's responsibilities and they want to get out of looking after their fiduciary responsibilities, which is still, I believe, the long term goal of the government anyway, to absolve themselves of their responsibility towards us.</p> <p>So that's what we did. We never managed to get into the administrative elements. I guess there I can't really comment on that, with the exception that I think it will more than likely come down to the being what each First Nation will probably want, or a group of First Nations in one area, how they want to administer it. So that all we can really say because we didn't get into that component.</p> <p>And some other things, I was reading some other documents and Michael shared these with us. Some of the things that were read out in Manitoba, and one comment from one of the delegates who was speaking out there, regarding the Meti and the non-status Indian people, that it's fine if the federal government</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>wants to recognize them as aboriginal people, or whatever the government wants to recognize them as, but don't take from Indian dollars to give to them. If they are going to recognize it, find the dollars for them from non-Indian programs to look after those people .</p> <p>I hear some groups in the cities say they represent the urban Indians. Our Chiefs speak for us, or whoever our Chiefs delegate. The Chiefs have never, ever delegated any Meti group or the Native Council of Canada or any group like that to speak for us or have ever given any kind of proxy at any national, provincial or world body for that fact, to speak on our behalf. So if anything comes out from the federal government or the provincial government wanting to recognize those groups, then they've got to find money elsewhere outside of Indian dollars to look after those people. And that's what I have to say on that.</p> <p>I couldn't emphasize from my own personal point of view about how important it is regarding traditional healers and our traditional medicines, or herbologists, the people who practice with the herbs. And I know in the west in northwestern Ontario and westward, our relatives out there still have a great deal of this knowledge and it's still put to a great deal of use.</p> <p>Only now is it coming back in the east, some of our people are re-learning these things and are coming out from underground, I guess, and are making these available again.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>It's been far too long that some of our own people have spoken against these things and I've chosen, at least in my community, wherever I hear people saying you don't need that or you don't want that. That's part of who we are as Indian people. That's part of who I am and I want to make sure that is brought back for you, because I've seen the benefits, I've been part of those benefits, and I've helped some of my teachers who have teach me those ways to heal other people. I've seen victims with cancer have that cancer taken out of their bodies and a lot of these other kind of things, so there is something to it. People who say otherwise, well I won't be afraid to confront them in front of anybody at any time to give them a piece of my mind regarding that.</p> <p>Thank you.</p>

**Union of Ontario Chiefs
Sudbury (Group Three)
May 11, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
<p>GENERAL CONCERNS OF NIHB</p> <p>1) Off Reserve Status have say/input into the NIHB process (Unable to vote i.e. C & C.)</p> <p>2) Lack of Trust Cabinet will do what they want regardless of process (I.e. Envelope)</p> <p>3) Apathy to consultation.</p>	<p>The beginning of this Session, we started of with some general concerns, okay, so we listed a number of concerns that people have with regards to the process.</p> <p>Number one, Off Reserve Status have say and input into the NIHB process. There was a concern whether Off-Reserve participation in the Consultation Process, the fact that they are not participating at this point, and one member mentioned that since Off-Reserve people are unable to vote for their Chief and Council, they should at least receive some Consultation in terms of the process since they are also receiving NIHB Benefits.</p> <p>Another concern was the lack of trust that First Nations people have with regards to government, the federal government. There was a feeling that Cabinet will do what they want regardless of the process.</p> <p>The third comment that was made was that at the community level there is a general apathy to consultation. We spoke about this Consultation Process, for instance, at the community level, and how many people actually were able to get results at the community level through their Consultation Workbook.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>And some people were able to do that, but other people felt that, well, nobodies really interested at the community level about the process. And there are various reasons why people are showing apathy at the community level.. Mainly, the main reason is that people mistrust government and they feel that, well, it doesn't really matter what I say anyway, because what government wants, government gets, with or without consultation. So my input is not really that valuable.</p>
<p>4) Crown of Canada (not Province) Fiduciary Responsibility</p>	<p>There was another general concern about the fiduciary responsibilities of the government. Again it was stated that the Crown of Canada has a fiduciary responsibility towards First Nations and aboriginal people in Canada.</p>
<p>5) Extend Cabinet's deadline or remain in Status Quo until end of Pilots.</p>	<p>Another comment was that the, this was a suggestion, a recommendation made, that we extend Cabinet's deadline, or that it be extended somehow, beyond March of 1996, and remain Status Quo until the end of the Pilot Projects. Until the end of that process, until they've been evaluated and then First Nations can be consulted again and make a more informed decision.</p>
<p>6) NIHB decisions to date have been happening without FN input.</p>	<p>Another concern was that NIHB decisions to date have been happening without First Nations input. So why does this Consultation matter? Or why will it change the process at all?</p>

Transcript of Flip Charts	Transcript of Audio Tapes
7) Why interest now for FN consult. For NIHB when <u>envelope</u> being introduced. Pass their problems to FN's	It got a little bit stronger, on to number seven. Why is there an interest now for First Nations consultation on the NIHB Program when the Envelope, now, just when the Envelope system is being introduced. Why not before? Do they want to pass their problems to First Nations?
8) Impact of de-insuring services (provincial services) Impact on NIHB	There was another concern about the impact of de-insuring provincial services. So what is the impact of that on the NIH Program in the future?
9) Provision for changes in Gov't ie. Bill C-31. How much will "Envelope" grow	Are there going to be provisions for changes in the Government, in the Bill C-31 people. If there are more people that have to be funded under the Program, how much will the Envelope grow? And note, this says "How much will the Envelope grow", so it's expected that it will grow by First Nation's people.
10) Nationally all start at equal level (ie. Those mis-managed in past have a bigger Base Budget) than those who managed well.	And the last concern that was pointed out was that nationally, oh it was the issue about the Envelopes and it seems that certain Provinces are being rewarded for mis-managing their budgets to date. And they are being given a bigger portion of the Envelope. According to the people in our Group, if we're going to start a process now, then we should have started equally. Right now!
National Consistency	<p>And all the Provinces should get, should be consistently funded in the Envelope system.</p> <p>Okay, so that's basically the general concerns that were discussed before we got into the actual discussion of the questions.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>CORE PROGRAM PRINCIPLES</u></p> <ul style="list-style-type: none"> - 1) Payer of first resort. - The crown in right of <u>CANADA</u> - 4 & 5) Should change to <u>SHALL</u> - group in agreement to all AFN core principles & reject MSB #1. - #2 MSB & add trad. Healers, n'sg, midwifery to AFN core princ. - #4 MSB add and in the implementation of the directives 	<p>So. With regards to the Core Program Principles, the comment was, first of all for number one of the MSB Program Principles, MSB should be the payer of First Resort.</p> <p>The Crown in the Right of Canada should be the Payer of First Resort, not last resort.</p> <p>Okay, AFN Principles number four and number five, they wanted to change the wording of Should to Shall. So Health Services shall be provided when and as needed, etcetera. And Health Services shall not be changed without the agreement of First Nations.</p> <p>And basically the group rejects MSB Principle number one, the fact that MSB is the payer of last resort.</p> <p>With regards to MSB principle number two, they wanted there to be added Traditional Healers, Midwifery and Nursing to the AFN Core Principles.</p> <p>Number four, at the MSB Principles, add. Okay, reword that. It says "There is National Consistency in the NIHB categories and in the implementation of the Directives under which the Program operated." There is a big difference between consistency in having the Directives versus consistency in implementing the Directives. And according to the graphs, the tables that we saw yesterday, there is very much inconsistency in the implementation in the implementation at this point.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>- #10 concern (pg. 2) becomes core principle.</p> <p>Benefit Issues</p> <p>YES Support Nat'l list</p> <p># Inc. Traditional Medicines & Honorarium for Trad. Healing Services.</p> <p>#5 Add Trad. Health Services</p> <p>#8 Add Occupational and Physio Therapy, Chiropractic, Speech</p> <p>#6 Add off-Reserve Ind. Counseling Freedom of choice.</p> <p>#1 Add vitamins & calcium to NIHB formulary and Baby Formula</p>	<p>Concern number ten, in the second page, also should be a Core Principle added, the issue about the Envelopes and how nationally there should be consistency in the allocation of Envelopes between Provinces.</p> <p>Okay. Benefits. Exiting Benefits.</p> <p>Yes, everyone was in support of a national list of benefits.</p> <p>For number one, include Traditional Medicines and Honorarium for Traditional Healing Services. Under the existing benefits.</p> <p>Number five of the benefits, add Traditional Health Services. So it's "Transportation to Traditional and Medical Health Services."</p> <p>Under "Other Health Services" add Occupational Therapy, Physiotherapy, Chiropractic and Speech Pathology.</p> <p>For Number Six, Mental Health Services, add Off-Reserve Individual Counseling. There was a mention of freedom of choice, that people should have a choice whether they want to see counseling on the Reserve or off the Reserve. And whether they want individual counseling to implement community strategies for Mental Health. Because there was mention yesterday that Mental Health Services, is being taken over by the Building Healthy Communities.</p> <p>Also for number one, on no, this was in relation to the NIHB formulary and there was a suggestion to add vitamins, calcium and baby formula to NIH Program.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>Eligibility Criteria</u></p> <p>1) Add Band Members (Citizen/Membership Code) Children up to <u>two</u></p> <p>2) Delete MSB 1st Payer</p> <p>3) Delete - because program is our Treaty Right.</p>	<p>Now Eligibility Criteria.</p> <p>Okay. For number one of the existing Eligibility Criteria, add “ Band Members” so it would be stated “Registered Indians and Band Members, recognized Inuit and Innu and their children up to two years of age. Also it was felt that that should be extended.</p> <p>And number two, delete, again as another group mentioned, because the MSB and the Crown is the first payer of services. So First Nations people have nothing to do with the Provincial government under the NIHB.</p> <p>Number three, delete, because the Program is our Treaty Right, the NIHB Program is our Treaty Right.</p>
<p><u>Future Management Options</u></p> <p>Like Co-Management and Self Government</p> <p>But want to re-look at Mngmnt options after Pilot Projects evaluated & results shared.</p> <p>Re-define terms of Co-Management</p>	<p>So, Future Management Options.</p> <p>Basically, under Future Management Options the Group felt that Option Number Two, Co-Management and Option Number Eight, Self-Government</p> <p>But they want to re-look at the Management Options after the Pilot Projects have been evaluated and the results have been shared fully with First Nations.</p> <p>Also, the Group wants to re-define the term “Co-Management”, because we read the details of the Co-Management Option that we’re offered in the forty page document that I have. And we didn’t go through all the details, but the Group thought we’d have to look at that more closely to see what you are agreeing to under Co-Management.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<u>We want Surplus \$\$</u>	What did we say? We want the surplus money. What was that? Oh, there was surplus funds, okay, because that was not under the Co-Management model. If there are surplus funds that would go back to the First Nation.
<u>Administrative Elements</u>	Okay. Administrative Elements.
<u>Appeals Process</u>	
Yes, Appeals process	Number One. The Appeals Process. Should there be an Appeals Process? How should it work? Yes, there should be an Appeals Process.
Greater involvement of FN's in the decision making.	There should be greater involvement of First Nations in the decision making in the Appeals Process.
Under Co-Management change following	Under Co-Management, change the following:
- prioritize appeals in terms of urgency	Priorize Appeals in term of urgency.
- decision making closer to community	Decision making should come closer to the Community level,
- timely decision making	and there should be timely decision making, because Appeals are taking too long at this point
- Would like to know why appeals are denied.	Also, the people around the table wanted to know why the Appeals are denied. It appears that currently people are not informed, Health Workers are not informed why Appeals are denied, so that's important in a new process.
- Advance notice/consultation to changes of the Benefit List. FN Consultation prior to changes of Benefit List.	Also, advanced consultation to changes of the Benefits List. First Nation consultation prior to changes of the Benefits List.

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>Client I.D.</u></p> <ul style="list-style-type: none"> - Add recognized Band Members - Suggest F.N. I.D. be placed on Ontario Provincial Health Cards. 	<p>Under Client Identification, who should, how should eligible clients identify themselves to Suppliers of Service.</p> <p>Again we should add recognized Band Members to those criteria.</p> <p>Suggest First Nations I.D. be placed on the Ontario Health Cards. Again there was that comment about maybe there could be a code that could be added within the same Ontario Health Card for people that are eligible under NIHB.</p>
<p><u>Negotiations with Suppliers of Service</u></p> <ul style="list-style-type: none"> - FN's would neg. & have input into whatever process was determined under Co-Management. i.e. Ind. FN, PTO, Nat'l, Tribal Councils, etc. <p>#6 Client Reimbursement</p> <p>NO client does not pay.</p>	<p>And the last, the third question, who will negotiate contracts with the Suppliers of Service?</p> <p>First Nations would negotiate and have input into whatever process was determined under Co-Management. Whether it's individual First Nations, P.T.O.'s, National level, Tribal Councils, etcetera. The Group didn't determine that, they didn't feel that was part of this process, anyway, determining all those details.</p> <p>And with regards to the payment process for Benefits. How should the payment process for Benefits be administered?</p> <p>That the Client should NOT pay if they are, if they are paying, if they are getting medicines outside the Province. Similar to the comments that we heard with other Groups.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Dependant on above statement & administration.</p>	<p>And dependant on the above statement and administration. Okay. So the payment process for Benefits should be administered in accordance with the other process determined with the negotiations with the Suppliers of Services and the Co-Management.</p> <p>So, that's what I have. Does anyone else from the Group have anything else to add? To clarify? No? Okay!</p>

I'll comment on a couple of the comments that were made. First of all, the first comment that was made under the general concerns, and I realize that this is a very touchy subject in some quarters, but there was general concern that Off-Reserve members don't have input into this process. And it could be argued, and probably is argued at a lot of the First Nation levels, that that is just fine. But, on the other hand, it was suggested that this is an injustice. That there are so many of our people who are not living in our communities, they should never the less have input into the process.

The second thing, and I think this was pointed out earlier by one of the Groups, that it flowed through all of the discussions that occurred in our Group, and that one element that kept cropping up all the time was that there needed to be, there seemed to be a need on our part, to make it known to the federal government that we recognize, and that you should also recognize, that health services are in fact a Treaty Right. And that, that having been recognized, that influences a lot of the suggestions that could be made with respect to how those different Rights are administered.

Union of Ontario Indians

Thunder Bay, Ontario

May 28/29, 1995

Transcript of Flip Charts	Transcript of Audio Charts
<p><u>Core Program Principles</u></p> <ul style="list-style-type: none">- AFN principle #1: change wording to “Health is a treaty & Aboriginal right.”- MSB principle #2: add “,based on assessment by other health care provider (e.g. nursing, CHR)- add new principle: One should be able to combine benefits that clients are entitled to (e.g. GWA & MSB)- agree with AFN principle #4 (especially portability issue) & #5 - add development of new/expanded services should be done in partnership with First Nations (e.g. vision care, foot care for diabetics)- Drugs taken on & off Schedule for NIHS is confusing & serious problem.- Combine AFN Principles #2 & #3	<p>Okay. AFN Principle number 1, change wording to “Health is a Treaty & Aboriginal right”</p> <p>MSB principle number 2, add “based on assessment by other health care provider, example nursing , CHR.</p> <p>Add new principle “one should be able to combine benefits that clients are entitled to, example GWA and MSB.</p> <p>Agree with AFN principle number 4, especially portability issue, and number 5. Add development of new/expanded services should be done in partnership with First Nations, example vision care, foot care for diabetics. This is one that we wanted to elaborate a little bit more on. There should be an expansion of those services and First Nations should be part of that development.</p> <p>Drugs taken on and off Schedule for NIHS is confusing and a serious problem.</p> <p>Combine AFN principles number 2 and 3.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Supposed to be consistency in Program - but reality is great variability across Canada's Regions. - It would be necessary to have consistency to facilitate PORTABILITY - Agree with National set of Core Principles for NIHS - Agree with MSB Principle #4 - Add: Client diagnosis & treatment information should remain confidentiality among health care providers, including with traditional healing. 	<p>Supposed to be consistency in Program, but reality is great variability across Canada's Regions.</p> <p>It would be necessary to have consistency to facilitate portability.</p> <p>Agree with National set of Core Principles for NIHS.</p> <p>Agree with MSB Principle number 4.</p> <p>Add "client diagnosis and treatment information should remain confidentiality including with traditional healers among the health care providers.</p>
<p style="text-align: center;"><u>Core Benefits</u></p> <ul style="list-style-type: none"> - Other NIHS Costs (under Directives) <ul style="list-style-type: none"> - Fees for Admin & letters charged by Doctors & required by MSB should be part of NIHS coverage. - #5 - Add including Vision Care, Dental Care, mental health & traditional healing. - Regular Preventative Care schedules for Dental & Dr. Exams should be allowed 	<p>This is the one I have a hard time seeing. I need a new pair of glasses. Core Benefits.</p> <p>Other NIHS costs, under Directives. Fees for admin and letters charged by doctors and required by MSB should be part of the NIHS coverage.</p> <p>Number 5. Add "including vision care, dental care, mental health and traditional healing.</p> <p>Regular preventative care schedules for dental and doctor eye exams should be allowed.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Medical Transportation should be covered for eye glasses & Dental Examinations routinely. - Conflicts in Coverage for Orthodontists travel Coverage should be provided. - Deadline for Hotel & hostel Check-in should accommodate late arrivals due to travel from isolated Reserves. - More adequate coverage for Meals including Travel Time, Wait Time, Appointment Time & Accommodation Time. - Meal Allowance schedule should reflect the schedule of Vans or Medical Travel Mode. - NIHS should recognize the authority of Special Local Health Provider emergency Response Team to be authorized to give insulin, Oxygen, Ventilators, <u>instead</u> of Flying Patient out of Reserve for <u>known</u> emergency Medical situation that can be treated by <u>Local</u> Health Providers - add new benefit category: traditional health services, at the client's discretion (including transportation costs). 	<p>Medical transportations should be covered for eye glass and dental examination routinely.</p> <p>Conflicts in coverage for orthodontists. Travel coverage should be provided.</p> <p>Deadline for hotel, hostel check-in should accommodate late arrivals due to travel from isolated Reserves.</p> <p>More adequate coverage for meals, including travel time, wait time, appointment time and accommodation time.</p> <p>Meal Allowance Schedule should reflect the schedule of vans or medical travel mode.</p> <p>NIHS should recognize the authority of special local providers, health providers emergencies response team to be authorized to give insulin, oxygen, ventilators, instead of flying patient, instead of flying patients out of the Reserve for a known emergency. Medical situation that can be treated by local health providers.</p> <p>Add new benefit category - traditional health services, at the client's discretion, including transportation costs.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p style="text-align: center;"><u>Eligibility Criteria</u></p> <ul style="list-style-type: none"> - should be consistent with AFN principle #4 (i.e. portability regardless of residence, on- or off-reserve or country) therefor <u>delete</u> criteria #3. - #1: extend grace period for children to <u>2</u> years 	<p>Eligibility Criteria</p> <p>Should be consistent with AFN principle number 4, example, portability regardless of residence on or off-Reserve, or country. Delete criteria number 3.</p> <p>Number 1. Extend grace periods for children to two years.</p>
<p style="text-align: center;"><u>Future Management Options</u></p> <p>recommendations:</p> <ul style="list-style-type: none"> - extend Pilot Project start-up until June 1997, so that FN's have time to develop & review current status of NIHB. - Pilot Project monies should come from another envelope. - a comprehensive, detailed data system should be established immediately outlining more in-depth information (e.g. Medical Transportation breakdowns, which services client's access, frequency of visits, etc.) And relating it to holistic health - status quo, with more accountability of MSB to FN's, until end of Pilot Projects (1999) -> then, consult FN's & make decision - greater Aboriginal representation in all the committees established under NIHB, & at all levels. 	<p>Future Management Options.</p> <p>Recommendations:</p> <p>Extend Pilot Project start-up until June, 1997, so that the First Nations have time to develop and review current status of NIHB.</p> <p>Pilot Project monies, number 5, should come from another envelope.</p> <p>A comprehensive, detailed data system should be established immediately outlining more in-depth information, example, medical transportation breakdowns which service client's access, frequency of access, etcetera, and relating it to holistic health.</p> <p>Status Quo, with more accountability of MSB to the First Nations, until the end of Pilot Projects, then consult First Nations and make decision.</p> <p>Greater Aboriginal representation in all the committees established under NIHB and all levels.</p>

Transcript of Flip Charts	Transcript of Audio Charts
<p style="text-align: center;"><u>Administrative Elements</u></p> <ol style="list-style-type: none"> 1. Appeals Process <ul style="list-style-type: none"> - Yes, an Appeals Process - <u>National</u> Appeals Process - equal Aboriginal representation in Appeals Process - Appeals Process should be more centralized (i.e. go straight to Region) & more efficient 2. Client Identification <ul style="list-style-type: none"> - Keep same method of identification 3. Contract Negotiation with Suppliers of Service <ul style="list-style-type: none"> - equal Aboriginal representation on negotiating committee for dispensing fees 4. Client Reimbursement <ul style="list-style-type: none"> - NO, client should not have to pay at point of service (remember your unique feature??!) - a <u>National</u> process (with full portability) 	<p>Administrative Elements</p> <p>Appeals Process.</p> <p>Yes, and appeals process, national appeals process.</p> <p>Equal Aboriginal representation in all appeals process.</p> <p>Appeals process should be more centralized, example, go straight to the Region, and more efficient.</p> <p>Client Information, number 2. Keep the same method of identification.</p> <p>Number 3, Contract Negotiation with Suppliers of Service.</p> <p>Equal Aboriginal representation on negotiating committee for dispensing fee. There was something that we missed there. I'll get my book from there. Oh, that's the one over there, okay, that's the one we were talking about.</p> <p>Client Reimbursement.</p> <p>No, clients should not have to pay at Point of Service. Remember your unique feature, that's page 20 on the Joint Task Force.</p> <p>A national process with full portability.</p> <p>That's it.</p>

Additional Comments Transcribed from Audio Tape

The Mental Health, you know they don't pay, they have to have accreditation, you have to be certified, the people that maintain our Mental Health. I feel that they shouldn't have to ask any questions as long as the clients are coming out to be with the members. They ask for a certified counselor. Because we do have problems, like we have now the working with us, and then we do send the clients up for more healing process, well then they are not recognized. But we already use them in our package deal with the Building Healthy Communities money.

Well, I would also like to see that the CHR and the front line workers know, and their word should be good enough, because the Traditional Healers come in. Because there are only some of them that are recognized. That's another problem we run into. They said they have a list up of people they recognize as a Traditional Healer.

That's why I'd like to add that the front line workers and the clinic staff should be able to have our say, because we know. As soon as our name is there it should be good enough, instead of having to be approved.

I think too, especially with the Mental Health, just from our own experiences in our area, I understand the rationale for that too, because there are make-shift counselors, or whatever, that are capitalizing on our money, on our resources, and that's what we have to be careful about, because all of a sudden they are charging 500 bucks and they are saying they're a councillor and that comes out of our money, because Non-Insured is our services.

**Union of Ontario Indians
Toronto, Ontario
May 9, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>1st Nations Positions</u></p> <ul style="list-style-type: none"> - All 1st Nations did consult. - Discussions on Home Reserve. <p>a) Discuss with 1st Nations Management. b) with Chief & Health Workers. c) Chief & Council & Management. d) Councils, Chief & Health Staff. e) 3 More Management.</p> <ul style="list-style-type: none"> - Most 1st Nations did not send Formal Positions to Mtg but did have comments and Questions. 	<p>Group Number One:</p> <p>We started off with some general discussion. The positions are that all First Nations did consult, either by discussions on the Reserve, discussions with the First Nation's management, or with Chief and Health Workers; Chief and Council and Management; Councils, Chiefs and Health Staff; and three with more management.</p> <p>Most First Nations did not send formal positions to the meeting, but did have comments and questions.</p>
<p><u>Prelim. Comments on Management Options</u></p> <ul style="list-style-type: none"> - Muncy & Chips of Thames. #4 After Health Transfer, a 1st Nation or Group of 1st Nations could purchase Comprehensive Private Insur. - Will Management options actually be available to 1st Nations? - Which option will guarantee the availability of NIHS 	<p>Preliminary Comments on Management Options:</p> <p>Muncy and the Chippewas of Thames, after health transfer a First Nation of group of First Nations could purchase comprehensive private insurance.</p> <p>Will Management Options actually be available to First Nation?</p> <p>Which option will guarantee the availability of Non-Insured Health Services?</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Without Treaty Rights guaranteed NIHS cannot be guaranteed - What happens when Elders and membership say leave well enough alone <ul style="list-style-type: none"> - avoid competition and problems in working relationships. - Core Principles for MSB are not accurate, e.g. benefits are based solely on Dr's prescription. - Difficult for 1st Nations Councils and membership have trouble relating to NIHS management options. - Present Medical Transportation agreements are difficult to predict, plan and renegotiate. - More membership and more information on NIHS puts increasing pressure on the program. 	<p>Without Treaty Rights guaranteed, Non-Insured Health Services cannot be guaranteed.</p> <p>What happens when Elders and membership says leave well enough alone? Avoid competition and problems in working relationships.</p> <p>And Core Principles for MSB are not accurate, example: benefits are based solely on a Dr.'s prescription.</p> <p>Difficult for First Nations Councils and membership, they have trouble relating to NIHS management options.</p> <p>And then Medical Transportation. Present Medical Transportation agreements are difficult to predict, plan and renegotiate.</p> <p>More membership and more information on NIHS puts increasing pressure on the program.</p>
<p><u>Core Program Principles</u></p> <p>MSB Principles - some people are asked to use other insurance benefits (e.g. spouse work ins.)</p>	<p>The Core Program Principles:</p> <p>MSB Principles: some people are asked to use other insurance benefits . These are just some other comments that were made.</p>
<p><u>Recommendations</u></p> <p>AFN Principles</p> <p><u>MSB</u></p> <ul style="list-style-type: none"> - last resort often causes problems 	<p>And recommendations is to support the AFN Principles.</p> <p>There's another note, that MSB's last resort often causes problems.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - judgement made by professionals can be questionable (< no follow up by MSB) - First Nation must be able to designate health care providers i.e. Traditional Healers - F.N.'s need access to health services info. on regular basis (i.e. from MSB) - Service Providers not providing consistent services: e.g. pharmacists not explaining Rx to client and/or Service Provider told to deal directly with MSB and not client. - often CHR/CHN/NNADAP not aware of these client concerns. - Community Front Line Health Workers providing direct service delivery communications: e.g. benefits supplies "trouble-shooting" - <u>SUPPORT</u> AFN Principles !!! 	<p>Judgement made by professionals an be questionable, and at least with professionals there is no follow-up by MSB on it's abuse.</p> <p>First Nations must be able to designate health care providers, example: Traditional Healers.</p> <p>First Nations need access to health services information on a regular basis, example: information from Medical Services Branch.</p> <p>Service Providers not providing consistent services. Example: pharmacists not explaining treatment to the client and/or Service Providers is told to go directly to MSB and not comment on the policies.</p> <p>We are not aware of the client's concerns.</p> <p>Community front line health workers providing direct service delivery communications. Example: benefits supplies trouble-shooting. They are all left out. The phone calls are all between the Suppliers and MSB and in a lot of cases also the front line worker is not made aware of that there is a complication.</p> <p>Support the AFN Principles.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>Eligibility Recommendation</u></p> <ul style="list-style-type: none"> - registration numbers (9 or 10 digit #) - change age from 1 yr to 2 yrs of age (various factors delay registration of children), would also give membership clerk time to research validation of membership - Status Verification System not always used in diff. Nations 	<p>Eligibility Recommendation:</p> <p>Registration - change the age from one year to two was a recommendation from the first group. Various factors delay registration and it would also give the Membership Clerk time to research validation of membership</p> <p>Status Verification not always used in different Nations.</p>
<p><u>Recommendations</u></p> <ul style="list-style-type: none"> - individual Nation registration systems be taken into consideration rather than "Status Card" - All registered Status entitled to NIHB - need definition of "migrant worker", "temporary" - need comprehensive registration system for Status <p>1st Nation list should be accepted and if that is not provided then DIA list should be accessed.</p>	<p>Another recommendation:</p> <p>Individual Nation's Registration Systems be taken into consideration rather than the Status Card.</p> <p>All registered Status are entitled to NIHB or Services.</p> <p>The other one is there needs to be a definition of "Migrant Workers" and "Temporary". A lot of questions were asked with no specific answers.</p> <p>Need a comprehensive registration system for Status.</p> <p>First Nation list should be accepted and if that is not provided then DIA list should be accessed.</p>
<p><u>Core Benefits</u></p> <ol style="list-style-type: none"> 1. The present services are limited by restrictions and guidelines that are not appropriate to 1st Nations 	<p><u>Core Benefits</u></p> <p>Number one: the present services are limited by restrictions and guidelines that are not appropriate to First Nations</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>2. Local Health Care providers should have the authority to make decisions on pre-authorizations at the local level to meet health care needs at 1st Nation.</p>	<p>Number two: Local Health Care providers should have the authority to make decisions on pre-authorizations at the local level to meet health care needs at First Nation.</p>
<p>3. Traditional counseling should be covered under NIHS under pre-authorization from 1st Nation.</p>	<p>Number three: Traditional counseling should be covered under NIHS under pre-authorization from 1st Nation.</p>
<p>F.N. must have the capability to renegotiate funding requirements to meet Health Services needs.</p>	<p>First Nations must have the capability to renegotiate funding requirements to meet Health Services needs.</p>
<p>An independent dispute resolution will be built into this negotiation process.</p>	<p>An independent dispute resolution will be built into this negotiation process.</p>
<p>Fed. Gov't has a fiduciary obligation to respond and provide finances for all health needs pertaining to changes in Aboriginal health status.</p>	<p>The Federal Government has a fiduciary obligation to respond and provide finances for all health needs pertaining to changes in Aboriginal health status.</p>
<p><u>Appeal Process</u></p>	<p>The Appeal Process.</p>
<p>NIHS Management Committee has ½ aboriginal representation.</p>	<p>Non-Insured Health Services Management Committee has half aboriginal representation.</p>
<p>Therapeutics Committee should have ½ aboriginal representation with independent chairperson. The committee would follow the principle of co-management for structure, function and decisions in relation to the Therapeutics Committee.</p>	<p>Therapeutics Committee should have half aboriginal representation with independent chairperson. You wrote both of these, right? <i>No, I never did that.</i> The Committee would follow the principle of co-management for structure, function and decisions in relation to the Therapeutics Committee.</p>
<p>The Appeal Process needs a comprehensive management schedule. Regular reviews and revisions of structure, schedules and formulary.</p>	<p>The Appeal Process needs a comprehensive management schedule, regular review/revisions of structure, schedules and formulary.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Eligible clients to have one card with identifying number. Should the supplier have questions regarding eligibility, call community membership office.</p> <p>1st Nations will negotiate contracts with Suppliers of Service. And payment process.</p> <p>Sem-annual financial report including forecast to be completed.</p>	<p>Eligible clients to have one card with identifying number. Should the Supplier have questions regarding eligibility, call Community Office.</p> <p>First Nations will negotiate contracts with Suppliers of Service, and payment process.</p> <p>Semi-annual financial report, including forecast, to be completed.</p> <p>I'd like to thank the group for their excellent suggestions and questions and recommendations.</p>

**Union of Ontario Indians
Toronto Group Two
May 9, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>KEY PROGRAM ELEMENTS:</u></p> <ol style="list-style-type: none"> 1. Core Program Principles 2. Core Benefits 3. Eligibility Criteria 4. Management Options <p><u>ADMINISTRATIVE ELEMENTS</u></p> <p>1. <u>Core Program Principles</u></p> <p><u>concern:</u></p> <ul style="list-style-type: none"> - Reality of budget level - resulting in restrictions. - Support all AFN Principles - <u>YES</u>, National (consistency) standards are needed, but First Nation participation in review and development. - That a First Nation rep., be a member of any and all national NIHB committees - AFN Principle #1, should include "inherent right" 	<p>The Group's Key Program Elements:</p> <p>Number One, Core Program Principles Number Two, Core Benefits Number Three, Eligibility Criteria Number Four, Management Options.</p> <p>Administrative Elements. So the Group addressed the task with Number One being the Core Program Principles.</p> <p>The Concerns were:</p> <p>the reality of the budget which in all essence relates to the reality of buying things and price. This also is budget levels resulting in restrictions. These are our concerns.</p> <p>Support all AFN Principles and maintain the consistency.</p> <p>Yes, National standards are needed, but First Nations participation and review and development.</p> <p>Another concern was a First Nation rep being a member of any and all national NIHB committees.</p> <p>The AFN Principle number one should include "inherent right".</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>2)</p> <ul style="list-style-type: none"> - Develop Guiding Principles for traditional health services. This should be a First Nation committee. - MSB Principle #2: Need to clarify “professional medical and dental judgement” - MSB Principle #2, modified: “Benefits are based on professional medical and dental advice, with ultimate authority for decisions resting with First Nations” 	<p>Number Two:</p> <p>Develop guiding principles for traditional health services. This should be a First Nation committee, not representatives from the government or anybody else, because it does deal with traditional health.</p> <p>Medical Services principle number two needs to clarify “professional medical or dental judgement”.</p> <p>There are some concerns with Medical Services principle number two, modified to “benefits are based on professional medical or dental advice with the ultimate authority for decisions resting with First Nations.”</p>
<p>II. <u>CORE BENEFITS</u></p> <ul style="list-style-type: none"> - Medical Supplies and Equipment, Vision care - special cases should be reviewed and considered at the <u>First Nation Level</u>. - Recommendation from First Nation to Co-Management. 	<p>Number Two, the Core Benefits:</p> <p>Medical Supplies and Equipment dealing with Vision Care. Special cases should be reviewed and considered, I guess that would be in relation to Vision Care giving contact lenses or any such thing like that, because in all reality contact lenses are cheaper than eye glasses. But because Medical Services believes strongly in their principles they won’t budge.</p> <p>And at the First Nation level, the recommendations from the First Nations for a co-management structure.</p>
<p>III. <u>ELIGIBILITY CRITERIA</u></p> <p>1). Change Elig. for children from under “one year” of age to “two” years.</p>	<p>Number Three is the Eligibility Criteria.</p> <p>And we have changed eligibility for children from one year of age to two years of age. I think that’s important.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>2). Follow AFN Principle #4 -> "Fully Portable" Benefits, no restrictions on residency.</p> <p>4. <u>MANAGEMENT OPTIONS</u></p> <ul style="list-style-type: none"> - Health Needs Assessment be completed for all Band Members (including those living off-Reserve where possible). <p><u>Recommendation:</u> Co-management</p> <ul style="list-style-type: none"> - Based upon "Draft AFN Principles" <p><u>ADMINISTRATIVE CONCERNS:</u></p> <ul style="list-style-type: none"> - Pilot Projects <ul style="list-style-type: none"> - What is the Evaluation Process? - What is the extent of First Nation involvement? - Is there a formal process to share the results? - can decisions on NIHB await Pilot Project results? 	<p>Number Two, follow the AFN principle number four, being full portable benefits, no restrictions on residency and that is a concern of all First Nations that our Treaty Rights and government obligations for our people doesn't end when I walk up to the States and step over and that has always belonged to the First Nations. So that is something I really must be clear about.</p> <p>Management Options, Number Four.</p> <p>Health Needs Assessment be completed for all Band Members, including those living off-Reserve where possible.</p> <p>The recommendation of Co-Management based upon the draft AFN Principles should be used for Management Options.</p> <p>The Administrative Concerns are:</p> <p>Pilot Projects:</p> <ul style="list-style-type: none"> What is the Evaluation Process? How long will it be? Who is going to do it? What is the extent of First Nation involvement? Is there a formal process to share our results? Can decisions on NIHB await Pilot Project Results? <p>And I don't know the answer to that one.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>Recommendations:</u></p> <ul style="list-style-type: none"> - First Nations equal/joint participation in the development and implementation of the Pilot Project Evaluation Process. - The results of the Pilot Projects be “formally” shared with First Nations. - Maintain Status Quo until results of Pilot Project Evaluations are known, then make decision. <p>In the meantime No Further Changes to the Status Quo without the involvement of First Nations.</p>	<p>The recommendation are:</p> <p>First Nations equal and joint participation in the development and implementation of the Pilot Project Evaluation Process.</p> <p>The results of the Pilot Projects be formally shared with First Nations.</p> <p>Maintain Status Quo until the results of the Pilot Project Evaluations are known, then make a decision.</p> <p>In the meantime: no further changes to the Status Quo without the involvement of First Nations.</p>
<p><u>ADMINISTRATIVE ELEMENTS</u></p> <p><u>Appeals Process</u> -> YES</p> <ul style="list-style-type: none"> - Equal Representation with independent chairperson. - No National Appeal process 	<p>The Administrative Elements are:</p> <p>An Appeal Process. We say Yes!</p> <p>Equal representation with an independent chairperson.</p> <p>And we also saying that there is no national appeal whereby Ontario may be outvoted because of our population. Right now our Region is under funded and we know that because of the population stats. The equal representation we are talking about is an equal number of Medical Services personnel or appointees to an equal number of First Nations representatives or delegates to that process. The chairperson will be an independent and will not side for one side or the other so an independent chair will be able to make appraisal of any issue.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>CLIENT IDENTIFICATION</u></p> <ul style="list-style-type: none"> - Use existing Status Cards or call F.N.'s Membership Office or Health Centre to verify. 	<p>Client Identification:</p> <p>The Group felt that using the existing Status Cards or call the First Nation's Membership Office or Health Centre to verify the client identification. We didn't want to get involved in creating more bureaucracy.</p>
<p><u>NEGOTIATIONS WITH SUPPLIERS - CONTRACTS</u></p> <ul style="list-style-type: none"> - Co-Management Team negotiate. Must be of Equal Representation FN/MSB. - That a separate independent Financial Institution manage & control funding 	<p>Negotiation with Suppliers for Contracts:</p> <p>We felt the Co-Management Team would be negotiating, that team and that process we identified before where there were equal numbers and an independent chair, would be the one that would negotiate and it would be equal representation from First Nations and Medical Services Branch.</p> <p>And that a separate independent Financial Institution manage and control of funding. Sort of like having one group here, these guys on this side would be Medical Services Branch, this side would be First Nations and in the middle here would be the financial institution, be it a Bank or Trust Company or Holding Company with control of all the funding. That one side did not have full control of all the dollars so they could make the decisions if we didn't agree. It would be a truly fair process where somebody didn't hold all the cards, and you were negotiating against somebody who had all the control.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>ADMINISTER BENEFIT PAYMENT</u> <u>PROCESS</u></p> <p>- Through independent Financial Institution</p>	<p>The Administration of the Benefit Payment Process:</p> <p>would through an independent Financial Institution. They would be the ones that pay the bills.</p> <p>Anyway, that's basically the presentation. Thank you very much.</p>

**Treaty 3
Group One
Fort Francis, Ontario**

December 13, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
Adopt AFN Principles	<p>We'll just run through the things that we talked about and some of the issues that we had.</p> <p>We talked a lot about the Principles, but the bottom line came down to everybody agreed with the AFN Principles. And that was the bottom line, although we had a lot of discussion. What was just decided was that the AFN Principles should be adopted. So we all agreed on that.</p>
Eligible Benefits:	<p>As far as the benefits went, there was a lot of discussion. About the benefits, the benefit levels, the problems of delivery - lots of issues there.</p>
<ul style="list-style-type: none"> - Recommend maximum benefits from 8 Regions and standardize. 	<p>What was recommended is that we look at the benefits that are provided in each Region. We know there are differences. Some benefits in some Regions are better than others. So the recommendation was that we look at the benefits right across all the Regions and take the best of everything. And that should be the level of benefit that's provided to everybody. Nobody should have a lesser benefit in one Region and a better benefit in another. And that particularly stands out in the areas of Medical Transportation, and some other areas that we talked about.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>One card to access OHIP and NIHB</p>	<p>That's the policy. We had a long debate about it. They will provide grab bars if they are not attached to the wall. If they are the suction cup types or the new types that they've come out with. And DIAND is responsible for anything that is screwed to the house, sort of thing. So we had a debate around that and we sort of thought that the policy was kind of stupid. That if they were going to provide grab bars what did it matter if they were screwed to the wall or not. So we had a debate about that. We checked the list of medical equipment and we saw that grab bars were on there and we thought that there could be no real definition when the prescription is made, just grab bars, to get around that. So we got down to some practical things.</p> <p>We got a - our stuff is thrown all over - so I'll just take it as it comes. We talked about everything out of order.</p> <p>Eligibility Criteria. Generally there weren't many problems with that. We thought the Eligibility Criteria wasn't too bad. But what we would like to see is one card, and we suggested the Certificate of Indian Status (Treaty Card) for all health benefits, and for gas and for all the other things. Because right now we have a Gas Card, a Health Card, a Certificate of Indian Status Card and there was some thinking that there was some abuse with these cards, like the Gas Card, for example, if you get a Gas Card you can go fill up your car and they never know who you are, so we said it would be nice just to have the Certificate of Indian Status, that should be the standard</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Coverage for NIHB in all countries regardless of residency (not students/migrant workers).</p> <p>More comprehensive health programs including long term disability programs.</p> <p>Review of unsafe boarding arrangements in Winnipeg.</p> <p>Appeal Process:</p> <ul style="list-style-type: none"> - not user friendly - unawareness - lack of advocacy 	<p>identification for everything. For Gas, for all Health Services. That should be proof of who you are and that you are eligible for Programs.</p> <p>There was disagreement about providing NIHB only for students and migrant workers. The general feeling of the group was that coverage for NIHB should be provided regardless of country of residence.</p> <p>Those were the two issues we wanted to make clear there. So, while the ID Card isn't really eligibility, it was one of the things we had to talk about.</p> <p>We then moved on to more benefits. We said there had to be a more comprehensive Health Program. Including Long Term Disability Programs. So often the disabled aren't really thought of in the way that they should be and MSB should be looking more at providing programs for those people with disabilities.</p> <p>There was concern about the quality of service provided in Boarding Home arrangements. People aren't exactly happy with what was provided in Winnipeg. There wasn't any complaints about Thunder Bay, but Winnipeg definitely. A concern for safety, a lot of times there was maybe people that were inebriated.</p> <p>We started talking then about the Appeals Process, and there was a real lot of concern about that. Most people feel that it is not user-friendly, most people don't even know that it exists -they thought that if they got a NO, that was it. There was a lack of advocacy on behalf of Medical Services, they don't do a lot to help people.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - too much red tape - Recommend appeal through provider to MSB. 	<p>And that there is nothing but red tape, every where you turn, there's another hoop to go through. Somebody recommended that the Provider of Service be the one who process the Appeal through Medical Services. If it's a dental concern, the dentist that wants to do the service should be talking to the Medical Services Dentist and getting back to the client, instead of making the client jump through all the hoops. So somebody recommended that we could consider that.</p>
<p>MSB meet with Hospital Administrators.</p>	<p>There was a general feeling, one of the ladies we had in our group - she works in one of the hospitals - and she was advising us that there were some letters coming from Medical Services that were dictating to the Hospital Administrators what kinds of services could be provided to First Nations and that there were charges being made at the Hospital to First Nations people. And that shouldn't be happening. So, she suggested that MSB meet with the Hospital Administrators to straighten out all these issues that people are quietly talking about. Medical Services representatives that we have here weren't aware of this, so they are suggesting there are problems, so let's talk about it.</p>
<p>Drug substitutions - No generic products</p>	<p>There was a concern for the prescribing of generic drugs. People felt that they should be getting the brand name products and not the generic products. We had a long discussion about that. Medical Services will be providing a list of the Formulary and both generic and brand name drugs are on there. What is required is that the doctor mark the little box on the prescription pad that says "No</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Milk Substitutes (Formula) - coverage for medical conditions.</p> <p>More approval at local level, limit levels of approvals.</p> <p>Prior Approvals - Eliminate</p>	<p><i>substitution</i>". If that box is marked, then the brand name product will be provided.</p> <p>There was a recommendation that milk substitutes for those children that have allergies be placed back on the formulary. We thought that there was a medical need for that, it wasn't just someone looking for formula to give to their baby. So we felt that that was a genuine need and we recommended that that be placed back on the Formulary with the appropriate medical condition.</p> <p>Then we had Mike come over - and that's the way we felt - (<i>picture of Snoopy</i>) - and at that time, yes, that's right.</p> <p>Everybody felt that there should be more approvals at the local level. That there were so many steps in the approval process it had to go to the Health Centre, then it was going to the Zone, then it was going to the Regional Office, I mean it was going all over. And somebody said, it was like going through a sausage machine. They said it was just too much. They said they'd like to eliminate the prior approvals if possible, but if nothing else, get it down to the local level, where decisions can be made quickly, where you are not waiting for days and days and days to hear something about a situation.</p> <p>There are some problems now with the way that Medical Transportation is being administered in this area. Apparently there is a problem with waiting up to five days for approval of a medical transportation trip outside your own community. Sometimes</p>

Transcript of Flip Charts	Transcript of Audio Tapes
Emergency Trips vs. Non-Urgent Trips	<p>longer. It was said that appointments had to be cancelled with Specialists because of the red tape. And that is was hard to get an appointment again, because when you finally did get approval you had to wait another month. So we said this sausage machine has to go. Things have to be fixed.</p> <p>There was problems with emergency trips in some communities. The contribution agreements that people have with Medical Services were not totally clear or they weren't satisfactory. There was a lot of misunderstandings about what was included or not included. So there has to be some discussion around what is provided in those contribution agreements. And how emergency trips when the Band has gone outside the community can be handled. That seems to be a problem.</p> <p>I don't remember about the non-urgent trips. Do you remember, somebody? <i>You are supposed to remember all this.</i> Well, I guess I don't. Anyway, there's a problem with Transportation in general, I guess there's just a lot of red tape right now.</p>
Releasing Information/MSB Requesting Confidential Information from Clients.	<p>There was some question about when people phoned for approval, what kind of information had to be given to the clerk in order to get that approval done. And there was a feeling that you had to give confidential patient information, so that somebody would know what you were going for. Like, what you are going for, that's not Medical Services Branch business. They don't need to know that you are going for a cancer check-up, or something like that.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Not part of Management Process Planning</p>	<p>That's Patient Confidentiality. And there is a concern that you are asking for too much information before giving an approval. So that is a concern.</p> <p>And that people felt they weren't part of the management process at all. They weren't part of the planning, they just had all these rules and regulations coming down to them. And that's not satisfactory.</p> <p>We talked about Management Options, and when we talked about Management Options we talked about a couple of other things like how the bills would be paid and a couple of other things like that.</p>
<p>Management Options - Co-Management</p>	<p>Our group felt safe in recommending something like Co-Management where we would manage this NIHB Program together with MSB. It was felt that that would protect the Treaty Right, it would protect the Fiduciary Responsibility that the Crown has to the First Nations people. It would give people a chance to learn about the Program. Mike said yesterday, all you see is the tip of the iceberg. There's a lots more underneath it. Co-Management would allow the First Nations to get involved in that decision-making process, finding out how it works, maybe cut out some of this red tape that we have now. We felt that we didn't need to talk about things like the payment process under that option, because it was part of the Co-Management. Things would continue, the bills would be paid as they always were. We didn't touch on that at all.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Traditional Healing - consider payment for medicine & healer professional fees.</p> <p>Prescription Renewal \$5.00 - Client has to pay.</p>	<p>So those were our thoughts and this lady here is pretty aggressive. Elder Helen did a good job for us and everybody else participated really well, so thanks.</p>

**Treaty 3
Group Two
Fort Francis, Ontario**

December 13, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Current MSB Principles</p> <ul style="list-style-type: none"> - follow Draft AFN Principles - no concessions on NIHB for any First Nations person <p>Existing Benefits:</p> <ul style="list-style-type: none"> - fill prescriptions as written - no substitutions - travel cost should be paid as required to each First Nation based on geographical location - First Nations should determine travel costs for all status members (On and Off-Reserve) - BHC - mental health, solvent abuse, home care nursing, funding based on On-Reserve population - Recommend that all BHC/BF dollars be identified as new dollars, not existing NIHB dollars. Rationale: no decrease in NIHB dollars. 	<p>We don't have anything to really add. It's basically the same.</p> <p>We agreed with the AFN Principles. All though all the recommendations were based on the one Principle that there should be no concessions made by any First Nations person that health is a Treaty Right. And that's all.</p> <p>And again, we went the Co-Management route.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Recommend that Vision Care should be based on need, as determined by a health professional, not by a time limit. Special lenses should be covered, average cost of frames should be determined (not \$60). - What about First Nations that are in FMPs, how will this affects (MSB funded) programming at the community level? - All dental work paid for, as recommended by health professional based on need, not age or income. Travel to Specialists should be covered. <p>Medical Supplies & Equipment: Hearing aids, glucometers, walkers, w/c, dry dressings, etc... Recommend that all medical supplies and equipment be supplied by NIHB in entirety, based on medical opinion as needed, for all status members.</p> <p>Transportation 9.5 cents/km in Tbay Zone 33.5 cents/km in SL Zone (scheduled)</p> <p>Meal Rates \$20/day/24 hours Tbay Zone \$40/day/person SL Zone</p> <p>Accommodation rates \$14 private (stay at lodge/receiving home) Tbay Zone \$60 SL Zone</p>	

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Wabigoon - revolving fund for transportation agreement - CA - payment for escort should be paid based on need at the First Nation's discretion <p>Prior Approval should be at the First Nation (ie CHR, Band Administrator, Chief & Council)</p> <p>Mental Health Services not adequate. BHC not accessible by First Nations, review of this directive - more community-based counselling and training, no clear criteria, traditional healers; there is no mechanism to access traditional healers, after-care.</p> <p>Health Insurance Premiums no national consistency.</p> <p>Eligibility Criteria Status Verification System at INAC takes longer than one year (maybe should be two years); Tribal Council are supposed to be responsible to update membership lists - needs clarification on who's role it is, what about Band Membership Codes?; All status members should be eligible for NIHB regardless of age, residency, or income as determined by First Nations.</p> <p>Future Management Options administrative process, if NIHB are non-transferrable, why are funds from</p>	

Transcript of Flip Charts	Transcript of Audio Tapes
<p>NIHB allocations currently being transferred under BHC by CA, up to the First Nations individually to decide how/who they want to deliver NIHB to their members, resolutions passed regarding NIHB to be included, contract for NIHB with US based company (Liberty Health) full-profit organization whereas Blue Cross is a non-profit organization, administration costs of service contract - how much is it?, special services contract between the Province and the feds ie Transfer Payment OHIP, Appeals Process be designed by the First Nations and delivered jointly by the First Nations and MSB.</p>	

**Treaty 3
Group Three
Fort Francis, Ontario

December 13, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>I'm really pleased to hear that your Group was non-structured and all over, because that's what we did. We had a general discussion about things.</p> <p>We talked about profit margins with Pharmacists and stuff like this, and I don't know if that came up in other Groups, but it's really worth looking at.</p> <p>As to the approximately \$30 million worth of drugs that is spent in the Province of Alberta on Prescription Drugs for First Nations peoples, there is an estimate that somewhere around \$20 million is profit that goes somewhere, but not to the Reserves.</p>
Program Principles	<p>We passed on Program Principles initially and we started to get round to a general discussion. Really we started talking about Benefit issues, if you want to think of it that way, about problems that were being experienced in the Program at this moment.</p>
Referral to Treatment Centres	<p>Alfred brought up problems that he was experiencing with transportation to Treatment Centres. That there were difficulties in getting to what was considered by the Community to be an appropriate centre close to them. I think it he was in Shoal Lake and he felt it was easier and the people in the communities certainly</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>in Transportation, need to look at availability of service. Varies within the Region.</p>	<p>specifically for orthodontic treatment as such, but maybe it is. But the examples were quoted very clearly that what's happening these days is that a lot of dental surgery is being done under anaesthetic in the dentist's own office. The dentist is saying if he has to go into a hospital and use a hospital operating room there is a two or three month waiting list. It is difficult to get O.R. time and there is quite an expense in using an anaesthetist in hospital. If he does the procedure in his own dental clinic, then there is no transportation provided for that individual to go and get that dental surgery, because it's done in the dentist's own office. If the dentist does the same procedure in the hospital, then MSB will provide medical transportation, because it's done in the hospital. And the point was very clearly made that when the person comes back from, when they recover from that day's surgery, they've still had an anaesthetic, they are still groggy. They certainly need some assistance in coming back. And there was a very clear difference in the way that people got treated depending on exactly where it was that they got service. In the dentist's office or in the hospital.</p> <p>Again in transportation, we talked about standardization. Should there be a standard level of benefits? We tried to identify some things there. And there was a very strongly expressed feeling by individuals in the Group that it was difficult to say there should be a standard level of service because it is so different from area to area. And in some it's easy to access services and in others it's difficult. So there was an unwillingness to say</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Mode of Transportation should take into account more than dollars.</p>	<p>that there was going to be a standard level of service. There was a fear that that would mean standard funding for individual communities. You get so much money regardless of isolation factors and things like that.</p> <p>And it was very strongly expressed - a lot of things came up about transportation - that the mode of transportation must take into account more than merely dollars. It has to look into the appropriateness of the mode of transportation for that person and anyone who is travelling with them. That it can't be just a dollar judgement, it has to be an appropriate method of travel. And so I explained that the present policy and the national guideline is that an appropriate level of service should be provided and an appropriate mode of transportation should be selected to the nearest appropriate medical facility, regardless of where that is.</p>
<p>Decisions on what the Benefits and Benefit Levels are should be made at the local level.</p>	<p>There was a strong feeling that decisions on what the benefits and benefit levels are should be made at the local level. And the feeling was stated on several occasions that maybe a Tribal Council here has the feeling that what they want may be different to what North Shore wants, or it may be different to what Sioux Lookout wants, or Moose Factory. That those decisions should be factored more to what is needed at the local level.</p>
<p>Funding should be based on population, need, access to services.</p>	<p>Funding should be based on population, on the actual need of the population, on the access to services. And there was some dissatisfaction with the way that funding distributed, particularly through the "Envelope". We had a</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Medical Escorts when needed - not just for minors or elders. Who decides if it is necessary?</p> <p>Co-ordination in urban centres</p>	<p>was what about temporary coverage for those people who are going legitimately across the border to International Falls for referral there, or further down the road to Duluth. And what would happen if they were in an accident scenario. And is this something that is taken into account by MSB, and maybe there should be some policy considerations to deal with that problem.</p> <p>We had a discussion on Medical Escorts. The statement was made that an escort should be provided when they are needed. And it's not just for children, it's not necessarily just for Elders. The case was quoted about somebody who is 18 years old, who had only lived on Reserve their whole life, and they were referred to Winnipeg and MSB expected this individual, because they were 18, to be able to go off reserve to Winnipeg to a big city. And they had never, ever been in an urban centre before. And really they should be allowed to have an escort because they were lost and it's such a different cultural shock.</p> <p>I can't remember what we talked in co-ordination with urban centres. <i>Someone to meet them there when they get there.</i> That was it, yes. That was it. Someone quoted the case of an Elder, but someone went and sat in the Bus Depot for sixteen hours waiting for somebody to come and pick them up, but nobody came, so they ended up coming back on the bus without ever having their appointment. They just sat there, they didn't know where to go, they didn't know to do. Somewhere there has to be a much better way</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Interpretation of information and on-going interpreters.</p>	<p>way organized for meeting that individual's needs. Somehow there needs to be a better co-ordination between the community and the receiving end for referrals to make sure that people don't get lost and they don't get mistreated.</p> <p>There is a strong concern that there is a need to have people present when you go to see the doctor to help interpret what the doctor is saying. It's not necessarily a language difficulty, although that came up. But there is the old gobbldy-goop that the doctor tends to speak that "you've got the ***** wrong with you" and you're sitting their looking cross-eyed wondering what it is. And you need somebody else who is familiar with what it is. It's Alfred sitting there not understanding that he's been told he's pregnant. He needs to have this clearly explained to him. "Alfred, you're pregnant".</p> <p>And this came also into the need for interpreters, as some people are not fluent in English, in the same way that I'm certainly not fluent in Cree or Ojibway. It does seem very strange that MSB is very capable of putting out all of their documentation in English and French but it is impossible for them to do it when I comes to any of the native languages.</p>
<p>Foot Care, changes in policy, 75% Province - de-insured.</p>	<p>Comments were made about the change in policy for providing footwear. It used to be 75% of it was paid by the Province, and that has now been de-insured, I understand, and MSB are not picking up the additional stuff.</p> <p><i>Joanne Meyer: Well, I checked on foot care before I came, and the comment that was made</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Referral for Treatment Centres through 1-800 number (Directory Assistance for referrals for Treatment - DART) Ontario - tell us where to go, concern for communities close to Manitoba Border, two months Waiting List.</p> <p>Payment for doctors fees for referral.</p>	<p><i>to me was that foot care was still being provided, but it wasn't provided out of NIHB. It was a special program that was available. But that is something that we will have to check up and follow up on.</i></p> <p>The point was again raised about the referral to Treatment Centres and again it is through the 1-800 number. You call this which is a Directory Assistance for Referrals for Treatment (DART) system in Ontario. And they tell you where to go. And that is probably accurate. And there was a concern with communities close to the Manitoba border that for some areas there was a two month waiting list. There was a long delay also for getting approvals for transportation and it was taking two weeks to get approval the go to the Treatment Centre. And by that time - you know the difficulty is in getting somebody to acknowledge that they need treatment and to ask for help - and if there is a two month waiting list you have maybe lost the opportunity for that person to go for treatment. So there has to be a very rapid turn-around when the person wants to go to treatment they should be able to go for treatment without having a delay.</p> <p>The doctors when asked to do a referral somewhere are asking for the payment of a fee. And that is not being paid by NIHB. Again that's different in different Regions.</p> <p><i>I heard also that if people want to renew a prescription, they have to pay a \$5.00 fee.</i></p> <p>I was asked to define what fiduciary meant,</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>so we had a long discussion about fiduciary responsibilities and what actually it is. And how the term fiduciary responsibility is defined under law as opposed to how it is considered to be by the First Nations. And under law it is a very restrictive definition and it is a much broader definition, of course, from a First Nation point of view. You think of it as a Treaty Right but under law this is a very restrictive interpretation.</p> <p>We talked about the dis-economies of scale. In terms of if a First Nation community that had only about 150 members were to take over running a Program like NIHB, they have great concern, it's very difficult to justify the same level of administration, or enough people to administer a program. It becomes much more costly if you break it down to very small communities, and there was a feeling that something like NIHB could maybe operate at a Tribal Council level, but not necessarily at a community level.</p> <p>This was a discussion about gaps in service, and identifying gaps in service from a needs assessment point of view.</p> <p>We also had a discussion about Community Health and about Non-Insured, and dispensing drugs from the Community Health from the clinic itself. And if you give drugs out from the clinic you are hitting the Community Health budget but you are not actually charging anything to NIHB. Whereas if the person who comes to you in the clinic has to get a prescription and get that prescription filled</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Save money by flattening administrative layers.</p>	<p>were stressing that the deficits weren't necessarily because of bad administration, but because of going deliberating going out to meet community needs. They were underfunded to begin with, they needed more, so they went into a deficit to get it. But it still means that there is a deficit sitting at the bank. The needs outway the available resources, was the way we expressed it.</p> <p>In turns of talking of the potential for Co-Management, it was stressed that it would help to keep the Treaty Rights intact. It didn't dilute that concept of this is a Treaty Right to Health. By getting into Co-Management with MSB as opposed to taking Transfer, which certainly does take away from the Treaty Right to Health. And it does seriously dilute the fiduciary responsibilities of the federal Crown.</p> <p>A very good point was made here that money could be saved which could better be spent on benefits by reducing some of the administrative costs. By flattening the administrative organization. By, for example, removing the excess salaries that people get in Headquarters, right, Joanne? <i>Joanne Meyer: He wants to get rid of me !</i></p> <p>We talked briefly about different organizational styles and how MSB is structured on a typical pyramid with the Minister being at the apex and Deputy Ministers and so beyond that. And that the real way to look at this is to say, no, come on, what is important is the community members, the people who are sick, the children, the elders, the youth, those who have the needs. The most important people obviously then have</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Hepatitis B shots, only for CHR's not on First Response Teams.</p> <p>Appeals Process</p> <p>Yes, at the local level with First Nations representatives</p> <p>so balance at the First Nations.</p> <p>Should be an equal level of service.</p>	<p>to be those people who actually provide services. And the least important is the one furthest down the chain.</p> <p>Concern was expressed about the hepatitis B shots. That the CHR's are provided with funding, I think it was \$103.00, \$105.00 or so, to get there shots under the contribution agreement. But money is not provided for the First Response Team, and there was the feeling that they should get their shots provided. Its a matter of should this be a Benefit? But it is something that should be addressed.</p> <p>Yes. There should be an Appeals Process. There was no real feeling or another. There was a reluctance to say it should be a national process. And it was clearly identified throughout the whole process that not everybody had a mandate from the Chief and Council to express their opinions. So there was some reluctance to making recommendations. But, yes, there should be an Appeals Process. And it should consist of local representatives from the local communities. And we discussed working the Appeals Process with the Co-Management structure, maybe it would be a joint thing. We further went on and suggested it should be a better ratio - it should be something like three First Nations people to two of MSB, to make sure you paid attention.</p> <p>There was a general feeling that there should be an equal level of service provided to all First Nations across the Region and across the country, rather than the inequalities of service which occur at the moment.</p>

Nishnawbe-Aski Nation (East)
Timmins, Ontario

Results of Consultation Process
September 15, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
<p>1. <u>Management Options</u></p> <ul style="list-style-type: none"> - Co-Management - (Interim) - stepping stone to other Management Options in the future - Conditional Transfer at the Tribal Council & individual First Nations level. - Want NIHB's to continue - Cannot consider future Management Options if there is a CAP on the NIHB Program budget. <p>2. <u>Core Principles</u></p> <ul style="list-style-type: none"> - Yes - Some Core Principles - Need Some Flexibility - Core Principles: MSB #1 & #3 AFN #2,3,4,5 	<p>We agreed with Co-Management, it is a stepping stone to other options later.</p> <p>We want NIHB's to be continued.</p> <p>We cannot consider future management options if there is a cap on the NIHB Program Budget.</p> <p>We agreed to keep some Core principles, but we need some flexibility. That's agreed on.</p> <p>We chose these ones.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>3. <u>Appeals Process</u></p> <ul style="list-style-type: none"> - Yes, implement an Appeals Process - More efficient, faster (timely) - Should have F.N. involvement on the Appeal Board or Committee - Native Health Professionals representing the region. - Equal representation by F.N. & MSB - Resourced by MSB - National: role is watchdog for uniformity across the country. <p>The Appeal Process:</p> <ul style="list-style-type: none"> - FN individual direct to the Regional Appeals Board. - Local Health Care Workers provide support to the person making the appeal (ie direction & information) - Special consideration may be given to those that need assistance in lodging their appeal (ie elders). 	<p>The Appeals Process:</p> <p>So we said, yes, there should be an Appeals Process in place.</p> <p>We said it should be more efficient, more timely. It should have First Nations involvement on the Appeals Board or Committee.</p> <p>We need Native Health Professionals representing the Region.</p> <p>Equal Representation of First Nation and MSB Members.</p> <p>And that this Appeal Committee should be resourced by MSB.</p> <p>A Regional Appeal process, yes, with some changes, incorporate the National involvement into a Regional Appeal. That makes sense, we don't need another layer at the National level, but what we do need a National involvement as a lobbying process, sort of a watch-dog.</p> <p>It should go directly from the First Nations individual to a Regional Appeals Board. They should take some responsibility for pursuing it. Let them do it, then we'll get involved with it. If we have an Elder who is unable to Appeal, then we'd help them. But people have to learn to do things on their own. We'll be there to support them.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
MSB current Regional Appeals Process:	No, the present Appeals Process should not continue. The present process seems to take for ever and you have to go through too many hoops.
<ul style="list-style-type: none"> - do not continue as is. - see #2 for details. 	We said Yes, there should be a National Role, but not necessarily a National Appeal Process. The National Role is to create some kind of uniformity across the country. Consistency.
National Role:	The Regional Appeal Process is the final authority.
<ul style="list-style-type: none"> - create uniformity - consistency in the Appeals & notification process 	
Regional Appeals Committee is the final authority.	We could take the Health Card and the Status Card and amalgamate them. But the key is the INAC number. The OHIP number wouldn't work at a National level. So, we will stay with the existing method.
4. <u>Client Identification</u>	
<ul style="list-style-type: none"> - Use existing method of identification 	We agree with Interim Co-Management, so we would work with MSB. If we moved on to another type of management option, like Self-Government, we might decide to negotiate on our own, but we could also partner with MSB.
5. <u>Contract Negotiations with Suppliers of Service</u>	
<ul style="list-style-type: none"> - Under Interim Co-Management contract negotiations will not be undertaken by F.N., but in partnership with MSB. 	Often the Chief and Council that draws our attention to extenuating circumstances and they say "is there anything you can do about it to get this paid for to help this First Nation person", and it's our job then to pursue it and get some resolution to it.
6. <u>Client Reimbursement</u>	

Transcript of Flip Charts	Transcript of Audio Tapes
<p>8. <u>Services On and Off Reserve</u></p> <ul style="list-style-type: none"> - NIHB's should be provided to Registered Indians whether they live on or off Reserve. - deliver services to both On & Off Reserve <p>Inform Members:</p> <ul style="list-style-type: none"> - Newsletters - Word of Mouth - Networking - Associations (ie NAN) 	<p>No, we wouldn't expect them to pay first. We've had experiences where a person came back from a Specialist, been in Toronto treated for a few weeks, and returning home here. The hospital made the mistake of not issuing her the prescribed medication that the Specialist wanted. And it was a very rare condition. It required one of these expensive prescriptions. The Drug Stores up here did not have it and it had to be flown up from Toronto when they got the supplies from Connaught. And they said well, who's paying for this. We said we're supporting her coming back home. There are exceptions, but they are rare. I don't feel comfortable with this. We said we'd look after it, and we did.</p> <p>NIHB should be delivered On and Off-Reserve. There may be some limitations, if someone is a high user, it might be cheaper to bring them back home to the Reserve. The big principle is that NIHB's should be provided Registered Indians, whether they live On or Off-Reserve.</p> <p>In the smaller scheme of things, if we're taking this over in any kind of management scenario, we agree that it's to both.</p> <p>We'd keep our membership informed of any changes by Newsletters, by Word-of-Mouth.</p> <p>And we can look at all the organizations too, like NAN, a Regional PTO.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>9. <u>Benefit Issues</u></p> <p>Core Benefits:</p> <ul style="list-style-type: none"> - There should be Core Benefits for all FN across Canada. <p>Improvements to Benefits:</p> <ul style="list-style-type: none"> - Formula on Prescription for children with Lactose intolerance or other health needs. - prescribed vitamins, ie Temptra (with iron fortification). - Dressings, tensor bandages, etc. are no longer provided at health stations. They are provided on prescription but this costs more money. - Ontario FN should receive the same transportation benefits as other FN across Canada 	<p>Yes, there should be Core Benefits all across Canada, for all First Nations.</p> <p>Whenever Formula is prescribed on a legitimate basis, it should not be denied.</p> <p>Prescribed Vitamins, such as Temptra with Iron Fortification, should be put back onto the Formulary.</p>
<p>10. <u>Eligibility Criteria</u></p> <ul style="list-style-type: none"> - Registered Indians, Inuit and Innu and their children up to two years of age. 	<p>Who should be eligible? You've got a (Status) Card, you're eligible. Even across the Border.</p> <p>We'd like to see the criteria remain as it is, but the one year grace period for infants is not enough. It should be two years.</p>

**Sagamok Anishnawbek First Nation
Chief Angus Toulouse
Massey, Ontario**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p>	<p>Link co-management and self-government. But want to re-look at management options after pilot projects evaluated and results shared.</p> <p>Re-define terms of co-management.</p> <p>We would retain surplus dollars.</p> <p>Incremental or developmental process toward achieving self-government.</p>
<p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p>	<p>Yes.</p> <ol style="list-style-type: none"> 1. Health is a Treaty and First Nation Aboriginal Right. 2. Health Services are provided through the fulfilment of Federal fiduciary responsibilities. 3. The Crown is the Primary provider of all Health Services, including NIHB, payer of first resort.

Workbook Question	Transcript of Response
	<p>4. Benefits are based on Professional Medical or Dental judgement with F.N. authority for approval.</p> <p>5. Health Services shall be provided when and as needed without regard to financial status, and shall be comprehensive accessible and fully portable regardless of residence on or off Reserve or of Country.</p> <p>6. There is National Consistency in the NIHB Benefit Categories and implementation of the Directives under which the Program operates.</p> <p>7. Health Services shall not be changed without the agreement of First Nations.</p>
<p>Q3. <u>Appeals Process</u></p> <p>Will you implement an appeals process in your community?</p> <p>What type of appeal process do you recommend?</p> <p>How will your appeals process work?</p>	<p>Yes. Must reflect Core Principles</p> <p>Quick, efficient and fair.</p> <p>Greater First Nation involvement, more local control. First Nation to be consulted by professionals and service providers when approving or denying service.</p> <p>Professionals are in a better position to determine necessary treatment for an individual as opposed to Administration office in Thunder Bay.</p> <p>Adopt the 4 authority steps of M.S.B. and integrate local appeal board to ensure a system of advocacy on behalf of the client, stay abreast of the status of the appeal, and help the appeal through the system.</p>

Workbook Question	Transcript of Response
<p>Do you recommend the present <u>regional appeals process continue?</u></p> <p>Should there be a national appeals process?</p>	<p>No.</p> <p>Concerns:</p> <ol style="list-style-type: none"> 1. Low priority - take a long time, who determines priority. Each case should be considered priority. Six month process is too long, example; hearing aid. 2. Denials for service is second guessing the recommendations of the professional. 3. Review guidelines, clarify and expand. 4. What are M.S.B. refusals based on?
<p>Q4. <u>Client Identification</u></p> <p>Will you use the present method of client identification?</p> <p>Will you create your own identification card?</p> <p>How will you notify your community members of changes?</p> <p>How will you inform the Suppliers of the changes?</p>	<p>Yes, Add band members, does not cover members. Not an on/off reserve issue</p> <p>Yes. Identification cards would be made available. Mandatory.</p> <p>Advise the membership via. public relations campaign.</p> <p>Public relations campaign set forth by Health and Welfare to the suppliers.</p> <p>Health Services to notify of changes.</p> <p>Verification system put in place.</p>
<p>Q5. <u>Contract Negotiations</u></p> <p>Do you want to negotiate your own fee schedules?</p>	<p>No. Medical Services Branch would be in a better position to negotiate for better and lower fees. Perhaps at a later time as a self-government model evolves.</p>

Workbook Question	Transcript of Response
Do you prefer to use the fee schedules negotiated by MSB?	Yes. Until such time that Medical Services Branch is no longer administering. First Nation will undertake a Health Negotiating Team to negotiate own fee schedules.
Do you prefer to negotiate directly with the Suppliers of Service?	No. Not at this time. Perhaps in the future it may be possible.
Q6. <u>Client Reimbursement</u>	
When traveling away from home will your members have to pay first and reclaim the money from the Band?	No. Comment: This question needs to be clarified, it can be interpreted that the supplier would be paid twice.
How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?	Community members can obtain benefits within Canada without paying first, the service provider would then invoice the First Nation.
Q.7 <u>Claims Payment Process</u>	
Will your Community be responsible for Claims Payment?	Adopt the Medical Services Branch payment system. Yes.
Will you pay these Claims through your own band administration?	Yes.
Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?	Yes. This would be a consideration if the agency could process the claims more cost effectively.
How often would you issue cheques to providers of service?	On a monthly basis.
Will you pay Late Charges?	We would consider paying late charges if payment was not made within 60 days.

Workbook Question	Transcript of Response
<p>Q 8 <u>Services to On & Off-Reserve Members</u></p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p> <p>How will you notify eligible members of and changes?</p>	<p>Yes.</p> <p>Refer to question 4. First Nations would undertake a public relations campaign which would include off reserve membership.</p> <p>Public relations campaign via brochures, newsletters, bulletins, etc.</p> <p>Make the policy manuals available to community service agencies, i.e. Friendship Centres, Health Clinics, etc.</p> <p>Notify service agencies of how our services are obtained and how information is accessed.</p>
<p>Q.9 <u>Benefit Issues</u></p> <p>Do you want Core Benefits which are universally available and portable across Canada?</p> <p>Will you develop your own community list of Benefits?</p> <p>What Benefits would you provide?</p>	<p>Yes. Include: traditional healers, honorarium for traditional healers, traditional medicines, cost of gift, i.e. tobacco. The portability must be extended to remain consistent with the core principles. Refer to the core principles regarding portability.</p> <p>Yes. Additions to be made to the core list.</p> <p>Yes. What is already on the core list with the flexibility to add benefits as required by evolving health needs. This would immediately include breast pads, traditional health, vitamins, formula for babies, new drugs, illegal drugs for medical reasons. We would put back what has been removed and guarantee any de-insured goods or services.</p>

Workbook Question	Transcript of Response
<p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<p>De-insured services be added to the formulary list, inclusion of traditional healing component; formula for babies, breast pads, dental sealer/coating, new drugs, mouthwash.</p> <p>Concerns: Current Benefits</p> <ol style="list-style-type: none"> 1. Drugs prescribed by a physician or dentist and which are on the NIHB Formulary including prescription drugs and over the counter drugs. 2. Medical Supplies and Equipment. Include vitamins, calcium. 3. Vision care (glasses and eye exams where they have been de-insured). 4. Dental Care 5. Transportation to Medical Services. Include traditional health services. At present transportation benefits to a traditional healer as compared to a recognized physician are much lower. Transportation approval process should make it easier to receive benefits to travel to a traditional healer. 6. Mental Health Services. Off reserve individual counseling should be a freedom of choice.

Workbook Question	Transcript of Response
	<p>7. Other Health Services, dependant on Regional circumstances.</p> <p>Include occupational physiotherapist chiropractors, speech therapist, artificial limbs, wigs (cancer patients).</p> <p>Issues and concerns:</p> <ol style="list-style-type: none"> 1. Epidemic situation - Who would be responsible for the medical expenditures incurred. How will the government going to respond to funding envelope - will it impact on envelope funding. 2. AIDS - very expensive to treat this disease. Funding based on last years figures, not taking into account unexpected rise in expensive treatment cases. 3. Envelope system - 4. Total expenditures for Health Services - Funding should be allocated on a per capita bases. Ontario makes up approximately 27% of the Canadian population, therefore, should be allocated 27% of total allocated funding. 5. Will the government take the recommendations provided by First Nations into consideration when actually developing the Non-Insured Health Benefits program?

Transcript of Consultation Workbook

The Joint AFN/MSB Task Force Report and Recommendations
Volume 2, Appendix “H”, Page 157

Workbook Question	Transcript of Response
Q2. <u>Core Principles</u>	
Do you recommend that there should be nationally applied Core Principles?	Yes, see below
If YES, what do you recommend?	
	1. Health is a Treaty and Aboriginal Right.
	2. Health Services are provided through the fulfilment of Federal Fiduciary responsibilities.
	3. The Crown is the Primary provider when and as needed without regard to financial status, and should be comprehensive, accessible and fully portable regardless of residence on or off-Reserve or of Country.
If NO, what Program Principles do you recommend for your own community?	AFN
	1. Health is a Treaty and First Nation Aboriginal Right
	2. Health Services are provided through the fulfilment of Federal fiduciary responsibilities
	3. The Crown is the primary provider of all Health Services, including NIHB
	4. Health Services should be provided when and as needed without regard to financial status, and should be comprehensive, accessible and fully portable regardless of residence on or off-Reserve or of Country.
	5. Health Services should not be changed without the agreement of First nations.

Workbook Question	Transcript of Response
Q3. <u>Appeals Process</u>	
Will you implement an appeals process in your community?	Yes.
What type of appeal process do you recommend?	<p>*Establish a Community Health Board to process appeals</p> <p>*Also an off-reserve Board consisting of other F.N.'s in the area.</p> <p>*These Boards would be made-up of perhaps a <u>Doctor</u>, <u>Community Health worker</u> - an <u>Elder</u> from the community and a few community members.</p>
How will your appeals process work?	<p>@ Clerk - C.H.R. - Chief & Council - on Reserve Health Board</p> <p>-Health Board consisting of members from a few First Nation's and finance person who would be familiar with Health Services Budget -- possibly a member of the medical field.</p>
Do you recommend the present regional appeals process continue?	No. It doesn't work.
Should there be a national appeals process?	No.
Q4. <u>Client Identification</u>	
Will you use the present method of client identification?	Probably status card with some verification of membership in our community.
Will you create your own identification card?	<p>Possibly, but we may add only needed information to Status card.</p> <p>I would not recommend a new one just use our Status card.</p>

Workbook Question	Transcript of Response
How will you notify your community members of changes?	Mailed out changes through registered mail to all membership.
	Newsletter to immediate community members.
How will you inform the Suppliers of the changes?	USE STATUS CARDS
	We are familiar with the Pharmacies our members use in our area. It may pose somewhat of a problem for our members in cities not close-by. Perhaps a toll-free number to call for verification of coverage for specific members in provinces outside Ontario.
	All band members would need to carry their Status card at all times.
Q5. <u>Contract Negotiations</u>	
Do you want to negotiate your own fee schedules?	We feel we should be entitled to the same fee schedule that MSB now functions under.
Do you prefer to use the fee schedules negotiated by MSB?	Because of volume we should be entitled to the same. Just because of change of NIHB management, is not reason enough for any adjustments. We would like to see what process MSB currently uses to negotiate with providers.
Do you prefer to negotiate directly with the Suppliers of Service?	We would probably negotiate with other F.N.'s who are also taking over NIHB management.
Q6. <u>Client Reimbursement</u>	
When traveling away from home will your members have to pay first and reclaim the money from the Band?	NO. It may take some working out but our members will not be expected to pay up front for a services, covered by a Treaty right. As suggested previously, if a toll-free number could be utilized then we will incorporate that into our working budget. The supplier could call our administration for Prior approval.

Workbook Question	Transcript of Response
<p>How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p>	<p>As you know, we are only in the early stages of Transfer of NIHB management. Therefore an issue such as this would have to be addressed in an appropriate manner.</p> <p>To be sure something would be worked out prior to our community taking control of NIHB</p> <p><u>OPTIONS</u></p> <ul style="list-style-type: none"> a) Toll free number for Prior Approval b) Call the first Nation Administration for approval. c) Negotiate with other First Nation's in other provinces.
<p><u>Q.7 Claims Payment Process</u></p> <p>Will your Community be responsible for Claims Payment?</p> <p>Will you pay these Claims through your own band administration?</p> <p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p> <p>How often would you issue cheques to providers of service?</p> <p>Will you pay Late Charges?</p>	<p>YES, this would be Fiduciary consideration with MSB & First Nation before negotiating dollars.</p> <p>Yes. We would need these figures from MSB before we would negotiate.</p> <p>Possibly Yes, provided that it covers all medically necessary treatments/services.</p> <p>This would be negotiated with providers</p> <p>Yes, However we would set up a different pay schedule with out of province providers I would think.</p>
<p><u>Q.8 Services to On & Off-Reserve Members</u></p> <p>Will you provide service to both On and Off-Reserve Members?</p>	<p>Yes.</p>

Workbook Question	Transcript of Workbook
<p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p> <p>How will you notify eligible members of and changes?</p>	<p>Through Registered mail. A Health Service package mailed out to all membership living in Canada.</p> <p>Again through registered mail, I would see a Health Board or Committee as setting up information/consultation sessions to seek community input.</p>
<p>Q.9 <u>Benefit Issues</u></p>	
<p>Do you want Core Benefits which are universally available and portable across Canada?</p>	<p>We would keep those and begin covering those benefits previously refused by MSB. The current so called "CORE" benefits are only know by MSB and are not public knowledge to any membership.</p> <p>No, Health Services that are medically necessary should be available to all membership.</p>
<p>Will you develop your own community list of Benefits?</p>	<p>NO, this could lock us into something that later could limit us. You cannot predict illness in the future NOR can you define it for the future. Again I would stress any medically necessary/required by a doctor should be a benefit/service provided for.</p>
<p>What Benefits would you provide?</p>	<p>What ever was required to prevent sickness and what ever was required to maintain good health for our members. Any medications - supplies required by our membership to gain back their health.</p>
<p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<ol style="list-style-type: none"> 1) Its criteria or so called list should be out in the open 2) There should be prescriptions that were once covered 8-10 years ago put back on there

**Algonquins of Golden Lake First Nation
Golden Lake, Ontario**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p>	<p>Interim Co-Management between First Nation/ Inuit and MSB</p> <p>Same as above.</p>
<p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p> <p>If NO, what Program Principles do you recommend for your own community?</p>	<p>Yes.</p> <p>Please view supporting documentation. The Core Principles that we recommend are highlighted on the next page.</p> <p>N/A</p>
<p>Q3. <u>Appeals Process</u></p> <p>Will you implement an appeals process in your community?</p> <p>What type of appeal process do you recommend?</p>	<p>Yes.</p> <p>First Nation Member should go through Program administration to receive support, guidance and direction because the Program Administrator would be more qualified in this area. P.A. should be going through the appeal process for the First Nation member.</p>

Workbook Question	Transcript of Response
How will your appeals process work?	Same as above
Do you recommend the present regional appeals process continue?	No.
Should there be a national appeals process?	No. - Each First Nation is different.
Q4. <u>Client Identification</u>	
Will you use the present method of client identification?	Yes.
Will you create your own identification card?	NO.
How will you notify your community members of changes?	N/A
How will you inform the Suppliers of the changes?	N/A
Q5. <u>Contract Negotiations</u>	
Do you want to negotiate your own fee schedules?	No - let MSB do it.
Do you prefer to use the fee schedules negotiated by MSB?	Yes.
Do you prefer to negotiate directly with the Suppliers of Service?	No.

Workbook Question	Transcript of Response
<p>Q6. <u>Client Reimbursement</u></p> <p>When traveling away from home will your members have to pay first and reclaim the money from the Band?</p> <p>How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p>	<p>No - follow structure already in place.</p> <p>N/A</p>
<p>Q.7 <u>Claims Payment Process</u></p> <p>Will your Community be responsible for Claims Payment?</p> <p>Will you pay these Claims through your own band administration?</p> <p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p> <p>How often would you issue cheques to providers of service?</p> <p>Will you pay Late Charges?</p>	<p>N/A</p> <p>N/A</p> <p>No - not until we go into the transfer phase</p> <p>Once a month</p> <p>Yes - but not until we go into the transfer phase.</p>
<p>Q.8 <u>Services to On & Off-Reserve Members</u></p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p>	<p>Yes</p> <p>Yes</p>

Workbook Question	Transcript of Response
How will you notify eligible members of and changes?	By letter.
Q.9 <u>Benefit Issues</u>	
Do you want Core Benefits which are universally available and portable across Canada?	Yes.
Will you develop your own community list of Benefits?	Yes - if needed/as required
What Benefits would you provide?	Yes - depends on the communities needs
What improvements do you recommend to the existing MSB NIHB Benefit List?	Current system could be expanded based on communities needs/or physicians prescribed medication. First Nations' physicians prescription or medical advise should not be over-ruled by another physician who has no previous medical history on the client.

Chippewas of Kettle & Stony Point First Nation
Chief, Thomas Bressette
Forest, Ontario

Transcript of Consultation Workshop

Workbook Question	Transcript of Response
Q1. <u>Management Option</u>	
What management options do you recommend?	Co-management with AFN Principles
What management option do you recommend for your community?	Co-management
Q2. <u>Core Principles</u>	
Do you recommend that there should be nationally applied Core Principles?	Yes
If YES, what do you recommend?	AFN: <ul style="list-style-type: none"> 1) Health is a Treaty and First nation Aboriginal Right 2) Health Services are provided through the fulfilment of Federal fiduciary responsibilities 3) The Crown is the Primary provider of all Health Services, including NIHB 4) Health Services should be provided when and as needed without regard to financial status, and should be comprehensive, accessible and fully portable regardless of residence on or off-Reserve or of Country. 5) Health Services should not be changed without the agreement of First Nations.

Workbook Question	Transcript of Response
<p>If NO, what Program Principles do you recommend for your own community?</p>	<p>MSB:</p> <ol style="list-style-type: none"> 2) Benefits are based on Professional Medical or Dental judgement with final decisions resting with First Nation leadership 3) All registered Indians and Inuit are eligible for NIHB Benefits, whether they live on or off-Reserve and regardless of their income level. 4) There is National Consistency in the NIHB Benefit Categories and in the Directives under which the Program operates. <p>As stated, recommend National Core Principles.</p>
<p>Q3. <u>Appeals Process</u></p> <p>Will you implement an appeals process in your community?</p> <p>What type of appeal process do you recommend?</p> <p>How will your appeals process work?</p> <p>Do you recommend the present regional appeals process continue?</p> <p>Should there be a national appeals process?</p>	<p>Yes.</p> <p>Review Board with directives at the community level who would be approachable, efficient and more personal.</p> <p>Local, then National Appeal</p> <p>Last Alternative.</p> <p>YES.</p>
<p>Q4. <u>Client Identification</u></p> <p>Will you use the present method of client identification?</p>	<p>NO.</p>

Workbook Question	Transcript of Response
Will you create your own identification card?	YES
How will you notify your community members of changes?	Notify the community members of what's happening and their responsibility.
How will you inform the Suppliers of the changes?	Letter of explanation to the supplier.
Q5. <u>Contract Negotiations</u>	
Do you want to negotiate your own fee schedules?	NO
Do you prefer to use the fee schedules negotiated by MSB?	YES - There should be a representative from the First Nation Community for negotiation on MSB Fee's.
Do you prefer to negotiate directly with the Suppliers of Service?	NO
Q6. <u>Client Reimbursement</u>	
When traveling away from home will your members have to pay first and reclaim the money from the Band?	YES
How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?	Unless a student, pay first, then a copy of the prescription, and a receipt for reimbursement.
Q.7 <u>Claims Payment Process</u>	
Will your Community be responsible for Claims Payment?	YES - if system in place.

Workbook Question	Transcript of Response
Will you pay these Claims through your own band administration?	NO.
Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?	YES, and consider hiring our own agency.
How often would you issue cheques to providers of service?	Same as MSB/Blue Cross.
Will you pay Late Charges?	No.
Q.8 <u>Services to On & Off-Reserve Members</u>	
Will you provide service to both On and Off-Reserve Members?	YES
If you are providing services to both on and off reserve please describe how you will advise both groups.	Services would be basically the same for both On & Off with exception of Medical Transportation and Traditional Healing.
How will you notify eligible members of and changes?	Develop a Mail-Out-List.
Q.9 <u>Benefit Issues</u>	
Do you want Core Benefits which are universally available and portable across Canada?	YES.
Will you develop your own community list of Benefits?	YES.
What Benefits would you provide?	A National Benefit List.

Workbook Question	Transcript of Response
What improvements do you recommend to the existing MSB NIHB Benefit List?	Community Members with access to Family Benefits and Social Assistance should be utilizing their benefits in whatever way possible, therefore this would decrease the cost incurred through the MSB/NIHB.

**Garden River First Nation
Garden River, Ontario**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p>	<p>Can't make a recommendation until I have a detailed description of each option.</p> <p>Same as above.</p>
<p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p>	<p>Yes, the AFN principles with some changes</p> <p>AFN :</p> <ol style="list-style-type: none"> 1. Health is a Treaty and First Nation Aboriginal right 2. Health Services are provided through the fulfilment of Federal fiduciary responsibilities 3. The Crown is the Primary provider & payer of all Health Services, including NIHB 4. Health Services shall be provided when and as needed without regard to financial status, and should be comprehensive, accessible and fully portable regardless of residence on or off-Reserve or of Country (this should include whether or not the person is registered with the provincial (OHIP)) 5. Health Services shall not be changed without the agreement of First Nations.

Workbook Question	Transcript of Response
<p>If YES, what do you recommend?</p> <p>If NO, what Program Principles do you recommend for your own community?</p>	<p>Agree on the principle of universality with some restrictions</p> <p>Agree with AFN principles (with changes suggested)</p> <p>MSB should adopt these principles</p> <p>add: Nurse to be considered a professional person in addition to doctor/dentist etc. who knows community better</p> <p>Zone consistency rather than National</p> <p>Should have coverage both CAN/USA</p> <p>N/A</p>
Q3. <u>Appeals Process</u>	
<p>Will you implement an appeals process in your community?</p>	<p>Yes</p>
<p>What type of appeal process do you recommend?</p>	<ol style="list-style-type: none"> 1. Need for advocate to assist clients & providers in following appeal process through. 2. First Nation representation should be initiated at the three levels of the appeal process (a fair balance of MSB to FN) 3. Set up community based Health Committee that would initiate the selection process at the local level for appeals 4. Further discussion needs to take place on regional & national representation <p>*We do not recommend the present practice of regional appeals process to continue*</p>
<p>Do you recommend the present regional appeals process continue?</p>	<p>No, too few meetings and things are not done in a timely manner.</p> <p>Regional is too broad of an area sometimes. As it is Health services vary greatly within the zones.</p>

Workbook Question	Transcript of Response
<p>Should there be a national appeals process?</p>	<p>Definitely not</p> <ul style="list-style-type: none"> - there is no National consistency - areas of need are different - city services vary (e.g. non-profit organizations are now charging for services like rentals)
<p>Q4. <u>Client Identification</u></p> <p>Will you use the present method of client identification?</p> <p>Will you create your own identification card?</p> <p>How will you notify your community members of changes?</p> <p>How will you inform the Suppliers of the changes?</p>	<p>Work together with MOH jointly to identify status people for those people who can get an OHIP card if provincial government don't do this then leave it to individual bands</p> <p>This is an option that could be looked at if we as the GRFN could create one that would work.</p> <p>Workshops, meetings, community newsletter 1 on 1, home visits (elders, disabled), T.V., radio, newspaper same ways we do now</p> <p>Regular consistent information sent to all suppliers & providers by local media, letters etc. should inform well in advance before changes take effect & must be unanimous agreement of all F.N.'s before changes can even be made</p> <ul style="list-style-type: none"> - existing problems with Blue Cross system - why toll free # not made available to F.N.'s - suppliers/providers have not been oriented - why can't the authority be put back to the F.N.'s who want it back instead of toll free centre - Heather G. thinks this centre is great she's badly mistaken.
<p>Q5. <u>Contract Negotiations</u></p> <p>Do you want to negotiate your own fee schedules?</p>	<p>Before a decision can be made more info needs to be provided for management options</p>

Workbook Question	Transcript of Response
Do you prefer to use the fee schedules negotiated by MSB?	
Do you prefer to negotiate directly with the Suppliers of Service?	It should be done on a regional basis - bigger area better discounts assistive devices should be included in service and treatment (e.g. crutches, casts)
Q6. <u>Client Reimbursement</u>	
When traveling away from home will your members have to pay first and reclaim the money from the Band?	<ul style="list-style-type: none"> - if program is portable then this shouldn't be a problem all clients should receive benefits without having to pay - a national service directory should be provided to doctors, suppliers and F.N.'s. (this list would include a listing of suppliers that recognize N.I.H.B. clients) - The option of the "Brown Cross" should be considered a PTO level. - Also if process for payments is at the F.N.'s level then there will be a need of an increase in staff and money.
How will you administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?	<ul style="list-style-type: none"> - if communities were responsible for payment (using the national listing) it could be paid on a monthly basis - it also would depend on the management option that the F.N. chose - this would only work with adequate staff and money including training, equipment and supplies otherwise payment would take longer.
Q.7 <u>Claims Payment Process</u>	
Will your Community be responsible for Claims Payment?	Yes, with additional support staff, training equipment, money, space & supplies.
Will you pay these Claims through your own band administration?	No, this would be done through our own Finance staff for the health centre.

Workbook Question	Transcript of Response
Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?	Yes, it would be "considered" - depending on what the coverage is & who makes up the policies.
How often would you issue cheques to providers of service?	Every month.
Will you pay Late Charges?	Yes - provided the providers know it depends on the date we receive the invoice not date of services
Q.8 <u>Services to On & Off-Reserve Members</u>	
Will you provide service to both On and Off-Reserve Members?	Yes, in existence
If you are providing services to both on and off reserve please describe how you will advise both groups.	Already being alone - newsletter, newspaper, local media etc., workshops, meetings.
How will you notify eligible members of and changes?	<ul style="list-style-type: none"> - individual mailing list - making sure notice is given to the people that the change is not being done immediately (like it is often done now by MSB) - also to put things in writing and not depend on "word by mouth" - phone/visit frequently to clients - community meetings/workshops - local T.V., newspaper, radio, newsletters, flyers
Q.9 <u>Benefit Issues</u>	
Do you want Core Benefits which are universally available and portable across Canada?	<ul style="list-style-type: none"> - this is not happening now the present program is not consistent nationally - I can't speak for other F.N.'s but we would make our program work

Workbook Questions	Transcript of Response
	<p>Yes, "but" it needs improvements like:</p> <ul style="list-style-type: none"> - recognizing Traditional Healers & Herbologists - include visits to optometrists & dentists under Med. Transportation - include Home Care Nursing Services - reinstate some certain benefits that were deleted from original list - availability NIHS to all band members including off reserve - make it easier to access chiropractic services - OTC drugs should be attainable through the health centre as opposed to going to the doctors office (will save \$) - make sure services can be obtained even without a OHIP card
Will you develop your own community list of Benefits?	Keep the same lists but some enhancement like the supply & equipment it would be better to follow the "Veterans Affairs Lists" this list is great.
What Benefits would you provide?	<ul style="list-style-type: none"> - itemize and code everything - use existing list as a guide in developing our own list similar to Veterans Affairs list. - also changing some frequency limitations on some items.
What improvements do you recommend to the existing MSB NIHB Benefit List?	<ul style="list-style-type: none"> - should not have to access Provincial Funding first - see Veterans list

Moosonee, Ontario

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p>	<p>Co-Management by a Pilot Project - waiting to be approved.</p> <p>By Pilot Project - waiting for approval</p>
<p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p>	<p>Yes.</p> <p>The AFN Principles 1 to 5 with a few changes.</p> <p>MSB #2: Benefits are based on professional medical or dental or Health Care Providers (Nurse Practitioners, Registered Nurses or CHR's in remote/isolated communities).</p> <p>AFN #3: The Federal Crown is the primary provider of all Health Services, including NIHB.</p> <p>AFN #5: Health Services shall not be changed without the agreement of First Nations and Aboriginal Governments.</p>
<p>If NO, what Program Principles do you recommend for your own community?</p>	<p>Pilot Project to determine outcome.</p>

Workbook Question	Transcript of Response
<p>Q3. <u>Appeals Process</u></p> <p>Will you implement an appeals process in your community?</p> <p>What type of appeal process do you recommend?</p> <p>How will your appeals process work?</p> <p>Do you recommend the present regional appeals process continue?</p> <p>Should there be a national appeals process?</p>	<p>YES</p> <p>To be recommended by Pilot Project</p> <p>Related to Pilot Project</p> <p>Related to Pilot Project</p> <p>Related to Pilot Project</p>
<p>Q4. <u>Client Identification</u></p> <p>Will you use the present method of client identification?</p> <p>Will you create your own identification card?</p> <p>How will you notify your community members of changes?</p> <p>How will you inform the Suppliers of the changes?</p>	<p>Client Identification used in Pilot Project</p> <p>Client Identification used in Pilot Project</p> <p>Client Identification used in Pilot Project</p>
<p>Q5. <u>Contract Negotiations</u></p> <p>Do you want to negotiate your own fee schedules?</p> <p>Do you prefer to use the fee schedules negotiated by MSB?</p> <p>Do you prefer to negotiate directly with the Suppliers of Service?</p>	<p>Questions will be answered in the Pilot Project</p> <p>Questions will be answered in the Pilot Project</p> <p>Questions will be answered in the Pilot Project</p>

Workbook Question	Transcript of Response
<p>Q6. <u>Client Reimbursement</u></p> <p>When traveling away from home will your members have to pay first and reclaim the money from the Band?</p> <p>How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p> <p>Q.7 <u>Claims Payment Process</u></p> <p>Will your Community be responsible for Claims Payment?</p> <p>Will you pay these Claims through your own band administration?</p> <p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p> <p>How often would you issue cheques to providers of service?</p> <p>Will you pay Late Charges?</p>	<p>NO. Ask another First Nation established in a different Province to cover the cost of prescription and reimburse the First Nation covering the costs.</p> <p>Can be determined after the Pilot Project.</p> <p>To be determined after the Pilot Project.</p> <p>To be determined after the Pilot Project.</p> <p>To be determined after the Pilot Project.</p> <p>To be determined after the Pilot Project.</p> <p>To be determined after the Pilot Project.</p>
<p>Q.8 <u>Services to On & Off-Reserve Members</u></p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p>	<p>Yes.</p> <p>To be determined by the Pilot Project.</p>

Workbook Question	Transcript of Response
<p>How will you notify eligible members of and changes?</p>	<p>To be determined by the Pilot Project with consultations of Chiefs and Council for each First Nation's community.</p>
<p>Q.9 <u>Benefit Issues</u></p>	
<p>Do you want Core Benefits which are universally available and portable across Canada?</p>	<p>NO.</p>
<p>Will you develop your own community list of Benefits?</p>	<p>Moosonee is a unique situation.</p>
<p>What Benefits would you provide?</p>	<p>Just add to the existing list Traditional Healing:</p> <ul style="list-style-type: none"> - Traditional Healer - Traditional Healing in a holistic way. - Honoraria for the Traditional Healer and Facilitator of the Traditional Healing in a Holistic Way. <p>I would suggest a set rate of \$400 per day for service providers for Traditional Healing.</p>
<p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<ul style="list-style-type: none"> - Improve on Transportation to medical services or Patient Transportation which one Traditional Healer is covered. The improvement would be to pay for the minimum of 3 (three) persons to travel: <ol style="list-style-type: none"> 1. Traditional Healer 2. Traditional Healer's wife because she takes care of the medicines and looks at the women for the Healer.

Workbook Question	Transcript of Response
	<p>3. The Healer's son which he takes care of setting up the sweat lodge and provides the wood, rocks and other necessary things needed for the Sweatlodge and the son knows and helps the Healer when needed.</p> <p>- Recommend and slot funding for Honoraria's for the Traditional Healer in Other Services.</p>

Kashechewan, Ontario

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
Q1. <u>Management Option</u>	
What management options do you recommend?	Pilot Project is in the process.
What management option do you recommend for your community?	Wait and see how the Pilot Project will do or will happen.
Q2. <u>Core Principles</u>	
Do you recommend that there should be nationally applied Core Principles?	Yes
If YES, what do you recommend?	AFN Supporter.
If NO, what Program Principles do you recommend for your own community?	Support the AFN Principles, but I would like to stress that some people in my community couldn't even afford an aspirin. So I would point out that there are some people who couldn't afford their glasses or dentures. These people should be considered more in the process.
Q3. <u>Appeals Process</u>	
Will you implement an appeals process in your community?	It depended on the Pilot Project.
What type of appeal process do you recommend?	It depended on the Pilot Project.
How will your appeals process work?	I'm prepared to follow the Pilot Project.
Do you recommend the present regional appeals process continue?	?
Should there be a national appeals process?	?

Workbook Question	Transcript of Response
<p>Q4. <u>Client Identification</u></p> <p>Will you use the present method of client identification?</p> <p>Will you create your own identification card?</p> <p>How will you notify your community members of changes?</p> <p>How will you inform the Suppliers of the changes?</p>	<p>Identified in Pilot Project</p> <p>Special Card.</p> <p>I'm a Mushkego Cree.</p> <p>The Government should give First Nations more time to do their homework and these changes would be completed effectively. Consult, meet, visit, set up a system to follow.</p>
<p>Q5. <u>Contract Negotiations</u></p> <p>Do you want to negotiate your own fee schedules?</p> <p>Do you prefer to use the fee schedules negotiated by MSB?</p> <p>Do you prefer to negotiate directly with the Suppliers of Service?</p>	<p>Yes.</p> <p>No - but use it's negotiations.</p> <p>Yes.</p>
<p>Q6. <u>Client Reimbursement</u></p> <p>When traveling away from home will your members have to pay first and reclaim the money from the Band?</p> <p>How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p>	<p>Identification.</p> <p>Special identification with full information.</p>

Workbook Question	Transcript of Response
<p><u>Q.7 Claims Payment Process</u></p> <p>Will your Community be responsible for Claims Payment?</p> <p>Will you pay these Claims through your own band administration?</p> <p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p> <p>How often would you issue cheques to providers of service?</p> <p>Will you pay Late Charges?</p>	<p>Yes.</p> <p>Yes.</p> <p>Yes.</p> <p>Monthly.</p> <p>Money is there, pay. If money is not there, tell the Government.</p>
<p><u>Q.8 Services to On & Off-Reserve Members</u></p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p> <p>How will you notify eligible members of and changes?</p>	<p>Yes.</p> <p>Corresp. Phone and if they understand, see them.</p> <p>Visit them.</p>
<p><u>Q.9 Benefit Issues</u></p> <p>Do you want Core Benefits which are universally available and portable across Canada?</p> <p>Will you develop your own community list of Benefits?</p>	<p>Yes.</p> <p>Chief & Council, Kash doesn't have ambulance.</p>

Workbook Question	Transcript of Response
What Benefits would you provide?	Local Transportation like ambulance. The Government should take care of all the medical costs for First Nations, not by percentage.
What improvements do you recommend to the existing MSB NIHB Benefit List?	The First Nation should be considered when they stress their community.

**Fort Albany First Nation
Fort Albany, Ontario**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p> <p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p> <p>If NO, what Program Principles do you recommend for your own community?</p>	<p>#3 - Administration through Contribution Agreement. Management by a Regional Health Board with Federal fiduciary responsibility.</p> <p>#2 - Co-Management</p> <p>Regional administration by Health Authority. #2 & #3. i.e. Weeneebayko Health Authority.</p> <p>Yes. To assist the FN in attaining the optimal health status the infrastructure should also be available to all FN, i.e. running water & sewage, proper housing.</p> <p>All of the draft AFN principles with MSB principles #2 & #3.</p> <p>N/A</p>
<p>Q3. <u>Appeals Process</u></p> <p>Will you implement an appeals process in your community?</p>	<p>Yes.</p>

Workbook Question	Transcript of Response
What type of appeal process do you recommend?	Local level - Health Authority - if transferred. - Zone level - WHA - different representation from each coastal community.
How will your appeals process work?	First - local appeals committee with different backgrounds - transferred health. Second - Zone Level with representatives from each community.
Do you recommend the present regional appeals process continue?	Yes
Should there be a national appeals process?	Yes.
Q4. <u>Client Identification</u>	
Will you use the present method of client identification?	Yes
Will you create your own identification card? How will you notify your community members of changes?	No. Would create a new problem. Maybe after the Pilot Project. - through local health authorities who manage their own health services. - local radio - personal letter with translation to households for elders. - community forums/meetings - word of mouth - community newsletters - church.
How will you inform the Suppliers of the changes?	?? Use Blue Cross or some FN who processes the claims.

Workbook Question	Transcript of Response
Q5. <u>Contract Negotiations</u>	
Do you want to negotiate your own fee schedules?	Yes
Do you prefer to use the fee schedules negotiated by MSB?	No
Do you prefer to negotiate directly with the Suppliers of Service?	Yes, i.e. eye glasses (frames are on the average about \$60 to \$80.
Q6. <u>Client Reimbursement</u>	
When traveling away from home will your members have to pay first and reclaim the money from the Band?	We don't want our people to pay up front for prescription drugs.
How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?	Pending Pilot Project
Q.7 <u>Claims Payment Process</u>	
Will your Community be responsible for Claims Payment?	?
Will you pay these Claims through your own band administration?	?
Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?	Yes, for the time being while the Pilot Project runs, if approved.
How often would you issue cheques to providers of service?	?
Will you pay Late Charges?	?

Workbook Question	Transcript of Response
<p><u>Q.8 Services to On & Off-Reserve Members</u></p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p> <p>How will you notify eligible members of and changes?</p>	<p>Yes</p> <p>See 4(c) - communication model to be developed in the future.</p> <p>See 4(c)</p>
<p><u>Q.9 Benefit Issues</u></p> <p>Do you want Core Benefits which are universally available and portable across Canada?</p> <p>Will you develop your own community list of Benefits?</p> <p>What Benefits would you provide?</p>	<p>To allow some flexibility in meeting the health needs of our FN people i.e. air accessible communities versus road accessible or train accessible communities.</p> <p>Yes</p> <ul style="list-style-type: none"> - infant formula (up north, Carnation Milk is cheaper than infant formula) - prescribed drugs by MD not on list. - increased dollars for glasses frames - take into consideration, the social background of client when assessing his/her need for travel benefits, i.e. pregnant women = to take husband and small child.

Workbook Question	Transcript of Response
<p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<p>- sometimes based on a doctor's professional judgement he/she makes a choice that is not beneficial to the client, i.e. pre-natal wants to deliver in Timmins instead and the doctor's choice which would be Moose Factory, the pre-natal wants to deliver in Timmins because of family support being available.</p> <p>Appeals process be in place for each Tribal area.</p>

**Attawapiskat First Nation
Attawapiskat, Ontario**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p> <p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p> <p>If NO, what Program Principles do you recommend for your own community?</p>	<p>Management options were chosen in the Pilot Project and am not prepared to comment at this time.</p> <p>Not prepared to answer at this time.</p> <p>Yes</p> <p>I support the AFN Principles, plus others that would address the housing shortage in our community.</p> <p>Not prepared to answer at this time.</p>
<p>Q3. <u>Appeals Process</u></p> <p>Will you implement an appeals process in your community?</p> <p>What type of appeal process do you recommend?</p> <p>How will your appeals process work?</p>	<p>Yes.</p> <p>As decided by my Community which I am not prepared to discuss at this time.</p> <p>Not prepared to answer.</p>

Workbook Question	Transcript of Response
Do you recommend the present regional appeals process continue?	Not Prepared to answer
Should there be a national appeals process?	Not prepared to answer
Q4. <u>Client Identification</u>	
Will you use the present method of client identification?	For client I.D., I would like to see a Status Card that has all the important info about one self, i.e. Band #, Reserve #, Health #, S.I.N. #, Birth Certificate info.
Will you create your own identification card?	Above
How will you notify your community members of changes?	No comment at this time.
How will you inform the Suppliers of the changes?	No comment at this time.
Q5. <u>Contract Negotiations</u>	
Do you want to negotiate your own fee schedules?	No comment at this time.
Do you prefer to use the fee schedules negotiated by MSB?	No comment at this time.
Do you prefer to negotiate directly with the Suppliers of Service?	No comment at this time.
Q6. <u>Client Reimbursement</u>	
When traveling away from home will your members have to pay first and reclaim the money from the Band?	No, we should never have to pay for our drugs, a system we implement should be recognized worldwide.

Workbook Question	Transcript of Response
How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?	Cannot elaborate at this time.
Q.7 <u>Claims Payment Process</u>	
Will your Community be responsible for Claims Payment?	Not prepared to answer at this time.
Will you pay these Claims through your own band administration?	Not prepared to answer at this time.
Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?	Not prepared to answer at this time.
How often would you issue cheques to providers of service?	Not prepared to answer at this time.
Will you pay Late Charges?	Not prepared to answer at this time.
Q.8 <u>Services to On & Off-Reserve Members</u>	
Will you provide service to both On and Off-Reserve Members?	Yes.
If you are providing services to both on and off reserve please describe how you will advise both groups.	Not prepared to answer at this time.
How will you notify eligible members of and changes?	Not prepared to answer at this time.

Workbook Question	Transcript of Response
<p>Q.9 <u>Benefit Issues</u></p> <p>Do you want Core Benefits which are universally available and portable across Canada?</p> <p>Will you develop your own community list of Benefits?</p> <p>What Benefits would you provide?</p> <p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<p>Yes, but redefine it to better serve our people.</p> <p>Not prepared to answer at this time</p> <p>Not prepared to answer at this time.</p> <p>Not prepared to answer at this time. However, I would like to have had more time for this process, for our people to be more informed of the process and the delivery of the current services.</p> <p>Slow down and make sure we do it right.</p>

**Moose Cree First Nation
Moose Factory, Ontario**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p> <p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p>	<p>This will be decided at a future date, once we have learned more from our Pilot Project. The Pilot will be a Co-Management option style, and future decisions will be made after this.</p> <p>Once again, we cannot choose a Management Option until the Pilot Project is completed.</p> <p>Yes, but also individual principles that reflect individual communities.</p> <p>#1 through #5 of the AFN Principles. Modify #5 to read “Health Services should not be changed without the agreement of First Nations and Aboriginal organizations.”</p> <p>MSB #2, with a clause to include our own health people’s judgement. “Professional” does not take into account our own recognized medicine people. In remote communities where there are no professional people, the Nurse/CHR’s may have to make some of those decisions.</p> <p>Another Core Principle I would like to add: “Our members (On & Off Reserve) should never have to pay up-front for their benefits and services.</p>

Workbook Question	Transcript of Response
<p>If NO, what Program Principles do you recommend for your own community?</p>	<p>Yes, there should be core principles, <u>but</u> it should allow the following:</p> <ul style="list-style-type: none"> - To accommodate for flexibility within the Regions/Communities. - To reflect each Communities visions & values.
<p>Q3. <u>Appeals Process</u></p>	
<p>Will you implement an appeals process in your community?</p>	<p>Yes.</p>
<p>What type of appeal process do you recommend?</p>	<p>These are my own personal ideas & thoughts:</p> <ul style="list-style-type: none"> - instead of Regional Director, it would go to the Executive Director of the Board. - Must be consistent - The Appeals Process could be used to evaluate which appeals are coming in and would give us direction on what would need to be changed. - When someone is refused NIHB, a written letter as to why they were refused and how to appeal. - They should have access to a contact person who can help the person apply for their appeal.
<p>How will your appeals process work?</p>	<p>I cannot really answer this question until I become more familiar with the present “Appeals Process”, and then learn from our Pilot Project, and then make the appropriate changes/ amendments and recommendations.</p>
<p>Do you recommend the present regional appeals process continue?</p>	<p>As above.</p>

Workbook Question	Transcript of Response
Should there be a national appeals process?	As above.
Q4. <u>Client Identification</u>	
Will you use the present method of client identification?	<p>Through the Co-Management (Option) of our Pilot Project, we would need to research how this present mode of identification is really working for our people and then make the appropriate changes and amendments.</p> <p>(I personally encourage MSB to award our Pilot Project so that we can make more informed decisions.)</p>
Will you create your own identification card?	See above.
How will you notify your community members of changes?	See above.
How will you inform the Suppliers of the changes?	See above.
Q5. <u>Contract Negotiations</u>	
Do you want to negotiate your own fee schedules?	Cannot be answered until the Pilot Project!
Do you prefer to use the fee schedules negotiated by MSB?	Cannot be answered until the Pilot Project!
Do you prefer to negotiate directly with the Suppliers of Service?	Cannot be answered until the Pilot Project!
Q6. <u>Client Reimbursement</u>	
When traveling away from home will your members have to pay first and reclaim the money from the Band?	Cannot answer until the Pilot Project.

Workbook Question	Transcript of Response
<p>How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p>	<p>Cannot be answered until further research is done by way of a Pilot Project.</p> <p>In any case, our members should never have to pay for their benefits/services up front!!!!!!</p>
<p><u>Q.7 Claims Payment Process</u></p>	
<p>Will your Community be responsible for Claims Payment?</p>	<p>Wait until Pilot Project.</p>
<p>Will you pay these Claims through your own band administration?</p>	<p>Wait until Pilot Project.</p>
<p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p>	<p>Pilot Project</p>
<p>How often would you issue cheques to providers of service?</p>	<p>Pilot Project</p>
<p>Will you pay Late Charges?</p>	<p>Pilot Project.</p>
<p><u>Q.8 Services to On & Off-Reserve Members</u></p>	
<p>Will you provide service to both On and Off-Reserve Members?</p>	<p>YES, I believe this should be a core principle.</p>
<p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p>	<p>In the same way (they should be treated the same.</p>
<p>How will you notify eligible members of and changes?</p>	<p>Community Bulletin Newsletter Mail</p>

Workbook Question	Transcript of Response
<p>Q.9 <u>Benefit Issues</u></p> <p>Do you want Core Benefits which are universally available and portable across Canada?</p> <p>Will you develop your own community list of Benefits?</p> <p>What Benefits would you provide?</p> <p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<p>Pilot Project</p> <p>Pilot Project</p> <p>What I see that is lacking in the present system which is delivered by MSB are “Mental Health Services” and allowing clients to choose where they want to go for healing. There is a large need and demand for this.</p> <p>But only the Pilot Project will help us to better determine which benefits our people need IN ADDITION to those that already exist.</p> <p>ALL EXISTING BENEFITS AND SERVICES SHOULD <u>NEVER</u> BE CUT OR DIMINISHED.</p> <p>But it is the Federal Government’s fiduciary responsibility to <u>enhance</u> the existing services.</p> <p>Mental Health Benefits & Services must be approved upon.</p> <p>We will know more after the Pilot Project.</p>

**Mushkegowuk Tribal Council
Moose Factory, Ontario**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p>	<p>Co-Management was chosen in the Pilot Project - Supported by BCR.</p> <p>After Pilot Project.</p>
<p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p>	<p>As per AFN Principles, modified as: #3 - the <u>federal</u> Crown #4 - Health Services <u>shall</u> #5 - Health Services <u>shall</u></p> <p>MSB #2, expanded to include Reg. Nurses, Nurse Practitioners & CHR's in remote/isolated communities.</p>
<p>If NO, what Program Principles do you recommend for your own community?</p> <p>Q3. <u>Appeals Process</u></p> <p>Will you implement an appeals process in your community?</p> <p>What type of appeal process do you recommend?</p>	<p>To come out of the Pilot Project.</p> <p>Appeals Process is already in place.</p> <p>Wait until after the Pilot Project.</p>

Workbook Question	Transcript of Response
How will your appeals process work?	After the Pilot Project.
Do you recommend the present regional appeals process continue?	After the Pilot Project.
Should there be a national appeals process?	After the Pilot Project.
Q4. <u>Client Identification</u>	
Will you use the present method of client identification?	Will be using the current method during the Pilot Project.
Will you create your own identification card?	Good idea to use Status Card and an identification Card produced by each F.N.
How will you notify your community members of changes?	Pilot Project has to be completed first.
How will you inform the Suppliers of the changes?	
Q5. <u>Contract Negotiations</u>	
Do you want to negotiate your own fee schedules?	Cannot be answered until after the Pilot Project is complete.
Do you prefer to use the fee schedules negotiated by MSB?	Cannot be answered until after the Pilot Project is complete.
Do you prefer to negotiate directly with the Suppliers of Service?	Cannot be answered until after the Pilot Project is complete.
Q6. <u>Client Reimbursement</u>	
When traveling away from home will your members have to pay first and reclaim the money from the Band?	Cannot answer at this time.

Workbook Question	Transcript of Response
<p>How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p>	<p>Can be answered by Pilot Project.</p>
<p><u>Q.7 Claims Payment Process</u></p>	
<p>Will your Community be responsible for Claims Payment?</p>	<p>To be studied during Pilot Project.</p>
<p>Will you pay these Claims through your own band administration?</p>	<p>To be studied during Pilot Project.</p>
<p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p>	<p>To be studied during Pilot Project.</p>
<p>How often would you issue cheques to providers of service?</p>	<p>To be studied during Pilot Project.</p>
<p>Will you pay Late Charges?</p>	<p>To be studied during Pilot Project.</p>
<p><u>Q.8 Services to On & Off-Reserve Members</u></p>	
<p>Will you provide service to both On and Off-Reserve Members?</p>	<p>Yes.</p>
<p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p>	
<p>How will you notify eligible members of and changes?</p>	
<p><u>Q.9 Benefit Issues</u></p>	
<p>Do you want Core Benefits which are universally available and portable across Canada?</p>	<p>Yes, but the benefits need to be enhanced, e.g. in Dental Orthodontics, not consistent presently.</p>

Workbook Question	Transcript of Response
<p>Will you develop your own community list of Benefits?</p> <p>What Benefits would you provide?</p> <p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<p>- more consistency in area of orthodontics</p> <p>Present scenario:</p> <ul style="list-style-type: none"> - parents of children needing braces are asked to sign a form agreeing to pay the transportation costs of the Orthodontist to visit our community for follow-up (tightening braces, etc.) And this is done prior to approval. - parents take turns paying for the Dr's transportation. <p>We are paying for our own costs to make the initial visit to the Dr. in Timmins. On the other hand, if a patient needs wisdom teeth pulled, then their costs are paid for by MSB. This is not consistent.</p>

**Weenusk First Nation
Peawanuck, Ontario**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p>	<p>I am not prepared to comment on this question, as it requires input from the Chief and Council of my community. Would recommend the next workshop be in the community.</p> <p>I would prefer the Status Quo option, with some changes, and natives get training properly to administer if they decide to take over NIHB Program.</p>
<p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p> <p>If NO, what Program Principles do you recommend for your own community?</p>	<p>Yes.</p> <p>I support the AFN Core Principles. Service should be available or provided regardless of locations. There are natives who have to travel to other provinces to attend meetings. What happens if emergency occurs, would the services be denied to that native person just because that person is attending the meeting off-Reserve.</p> <p>Not prepared to answer this question.</p>

Workbook Question	Transcript of Response
<p>Q3. <u>Appeals Process</u></p> <p>Will you implement an appeals process in your community?</p> <p>What type of appeal process do you recommend?</p> <p>How will your appeals process work?</p> <p>Do you recommend the present regional appeals process continue?</p> <p>Should there be a national appeals process?</p>	<ol style="list-style-type: none"> 1. Chief & Council 2. Through the Board - Weeneebayko Health Ahtuskaywin. <ol style="list-style-type: none"> 1. Block the Bridge. 2. Face the Board in person and explain the problem 3. Wait after the Pilot Project. <p>Don't know about the present Appeal Practice.</p> <p>Maybe.</p>
<p>Q4. <u>Client Identification</u></p> <p>Will you use the present method of client identification?</p> <p>Will you create your own identification card?</p> <p>How will you notify your community members of changes?</p> <p>How will you inform the Suppliers of the changes?</p> <p>Q5. <u>Contract Negotiations</u></p> <p>Do you want to negotiate your own fee schedules?</p>	<p>Yes and No. Identification method should be completed at the Hospital. Forms should be completed at the hospital and forms to be sent to community for Chief or Band Manager to sign and forward to INAC for registration.</p> <p><u>Yes</u></p> <p>The Weeneebayko Health Ahtuskaywin should produce I.D. for all it's patients.</p> <p>The Chief & Council should answer this question.</p>

Workbook Question	Transcript of Response
Do you prefer to use the fee schedules negotiated by MSB?	
Do you prefer to negotiate directly with the Suppliers of Service?	
Q6. <u>Client Reimbursement</u>	
When traveling away from home will your members have to pay first and reclaim the money from the Band?	Needs further discussion to prepare a better system, again requires input from the Chief & Council.
How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?	Arrangements should be made by the community through Hospital. Hospital should identify the supplier whether in Timmins or Edmonton. That is if a person is on holidays or business trip or relocation. Or after Pilot Project.
Q.7 <u>Claims Payment Process</u>	
Will your Community be responsible for Claims Payment?	Would like to have MSB involvement, not enough info.
Will you pay these Claims through your own band administration?	Would use MSB system.
Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?	Yes.
How often would you issue cheques to providers of service?	<ol style="list-style-type: none"> 1. Every Day 2. Every 15th day of the month.
Will you pay Late Charges?	No, not responsible if the mail is slow.

Workbook Question	Transcript of Response
<p><u>Q.8 Services to On & Off-Reserve Members</u></p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p> <p>How will you notify eligible members of and changes?</p> <p><u>Q.9 Benefit Issues</u></p> <p>Do you want Core Benefits which are universally available and portable across Canada?</p> <p>Will you develop your own community list of Benefits?</p> <p>What Benefits would you provide?</p> <p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<p>Yes</p> <p>This would take some time. It requires some discussion with the Chief & Council</p> <p>Yes.</p> <p>Yes.</p> <p>Again, I would need assistance from the community and let them decide what kind of NIHB list they would want.</p>

Manitoba Region

Results of the Consultation Process

**Dakota Ojibway Tribal Council Working Group
Winnipeg, Manitoba**

**Consultation Session
February 15, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
<p>ISSUES</p>	<p>When we met we talked about the package you all received or picked up at registration, including the overview of non-insured and the Pilot Project Handbook and those documents that were in there. It was the general agreement and consensus that we didn't proceed with filling in each question that was in there. We felt that if we left it open the people there would go back to their community and if they wanted to fill it in there involving their community members and then submit those to Joanne and Mike later, that certainly was one option. So we didn't fill in the- make any statements - in the Handbooks to be handed in.</p>
<p>1. Consultations inadequate</p>	<p>One of the main issues we talked about was the consultation process. It was felt that the Consultation that has been happening was inadequate and that there certainly needs to be a consultation with the community - the community members - right at the community, so we can get the input right from the, what we call traditionally the grass roots input.</p>

Transcript from Flip Charts	Transcript from Audio Charts
<ul style="list-style-type: none"> - Need community-based funded consultations. - Deadline should be extended. 	<p>In the consultation that we envision here, that is the information that needs to be distributed out there, has to be - the people have to be aware of that - so, and the other thing is that the consultation at the community should be resourced so that there are costs attached to talking to the communities and those kind of things so to mobilize the community consultations we figured that there should be some community based funding.</p> <p>Also that regarding the consultations there was mention that the deadline should be extended. We were told about some deadlines here, towards the end of April for the input into the National Task Force and also by mid-August or so that the National level group had to have their documents in to the government, etc. etc. I think that because this is such an important issues, it touches upon almost a Treaty making process that timelines are something that are now before us are pressing, and the people and the communities that were discussing this said we shouldn't be under that kind of pressure to talk about things that affect us. Health is such an important issue that we need to take the time to understand especially in planning for the future, what we have now is difficult enough to deal with, but we should take the time with our community members to look at the future and what kind of needs are going to exist then. So, in terms of deadlines, it's very hard to deal with in those deadlines that are there now and this is one of the things that was mentioned at our workshop.</p>

Transcript from Flip Charts	Transcript from Audio Charts
<p>2. Once consultation process is complete, final draft report should be taken back to communities for ratification (Treaty-making process involving the community).</p>	<p>Once the consultation process is at a point where there is general agreement on the specifics of management of non-insured, there needs to be a final draft, if you will, needs to be ratified. It needs to be ratified by the communities, so that if there is any new approach to dealing with the management of Non-Insured Health Benefits, that those should be ratified by the First Nations people, Tribal members, at that point, and I think that was very important and we need to take back those to the communities for ratification.</p> <p>As you hear again, we say that Health is a Treaty Right. Well then if we are going to deal with health, it's almost like a Treaty making process and our tribal members have to have their input into that and ratify that in some way or some form so it was important to them to say that again, that community members have to have an involvement all the way through this right to the final document stage.</p>
<p>3. There needs to be consultation with elders regarding traditional health.</p>	<p>One of the other areas that was mentioned here yesterday, I think it was Mr. Nelson that mentioned something about traditional health, an issue there. We talk about this as well too, as we know now, the Non-Insured deals very little with traditional health. You look at patient travel - there is some costs there towards patient transportation, meals and accommodation. But there is nothing respecting the fact that, especially the example that Charlie Nelson used yesterday, in that it takes time and effort and resources to go out to retrieve these traditional medicines, wherever they are. There is no costs in that, so I guess</p>

Transcript from Flip Charts	Transcript from Audio Charts
<p>4. Questions regarding fee for service for traditional healers need to be addressed</p> <p>- liability</p> <p>- authenticity</p>	<p>the best place where we could get information on how to deal with these and especially in this area of our culture and that, is to talk to the elders of our community as to how we deal with these issues. So a point here, or a suggestion, anything regarding the traditional health, we need the input of our elders from the community to discuss these things as to provide direction on how we deal with these things.</p> <p>The question arose too, is that the fee for service for traditional healers needs to be addressed. There are two sides to this, I guess. One of them is the way our culture is and traditional health and traditional medicines are handled is that sometimes there is no charge. But now I know that this again has to be dealt with by the elders in the communities to deal with addressing the fee for service - we pay for doctors services, so I mean in a sense we need to visit that and deal with that and work things out in terms is there to be a fee for service say for traditional healers, those kind of things. But we need to ask the elders and the communities on how they feel about these things. There is also the question of liability. In terms of say the elders providing advice and help towards those that need the help. There is an issue of liability here. One example that was used is that a person is on medication for diabetes - insulin or something - and they go to see an elder and they are told to quit using their medicine, so there is liability there. So you know, that question has to be worked out. And again, the authenticity on behalf of the healers, what is recognized.</p>

Transcript from Flip Charts	Transcript from Audio Tapes
<p>(Need more time!)</p> <p>7. A clear Appeals Process and time-frame should be established.</p>	<p>do it. Those kind of things. Which also includes the ratifications process.</p> <p>Basically , the bottom line to all this is more time is needed. I can't emphasize this enough. More time is needed in all this process.</p> <p>Another suggestion was that there needs to be a clear process for appeals, an appeal system. Right now we know what happened a couple of years ago in Manitoba when MSB went ahead and implemented their guidelines, their new guidelines.</p> <p>Well they wanted AMC to participate in developing an appeals process. Well, if MSB wasn't listening to AMC in not going ahead to implement the guidelines, then AMC said, well we are not going to participate in developing an appeals process. So, I guess the only appeal process now is to the RD at the regional level and to the Headquarters. What we are saying here is that there should be - there should be a clear process for that when dealing with some of the appeals and benefits. The other thing is the time frame should be clear as well, too. The reason why this was put there is because it, some, if there is medications, say for instance that there are drugs which are not on the formulary now, and they are life threatening, they are essential to meeting a persons health. Nobody has the time to appeal this, really, so you have to have the medicine now, you should get it. But, if its denied, what do you do, what's the alternative here. So time frames, I mean, should be in place to deal with this.</p>

Transcript from Flip Charts	Transcript from Audio Tapes
<p>- Any formula Funding if applied must be adequate</p>	<p>The, um, one of the other... Some of these are not necessarily recommendations. It's things we talked about, that are suggested or is, some of the formula funding that's now in place, when you deal with formulas, those don't necessarily deal with the need. And it's straight across if you x number of people in the community then you get that amount of dollars, and it's not so much based on the need.</p>
<p>- Residual roles i.e. Nutrition,</p>	<p>And the other thing is, in regards to when you do transfer the future management, when it leaves MSB, if it ever does, the residual roles, those functions now.</p> <p>I guess these are administrative costs, if in fact that, say, for instance, the manager for Non-Insured, her position becomes redundant, we take that over. She makes only a hundred grand a year, but that's not enough for all of us. I don't know if she makes a hundred grand, I just said it. Oh, two hundred, okay. If we divide her salary up, I mean, we get peanuts at the community, so that formula type of thing, it doesn't work. So, the funding has to be looked it terms of need, I think and what's out there. And not so much this straight formula funding.</p>
<p>- Management Options</p> <p>-Add another option.....De-insurance</p>	<p>We have to look at the different management options and look at not so much what's there now, but what's in the future. If we look at de-insurance, to us, our health is holistic and right now the service delivery, the management is fragmented and MSB has some, the First Nations has some now, the Province has some.</p> <p>But I think that in terms of managing health is what's been said here, we have to look at the future and look at such things as de-insurance,</p>

Transcript from Flip Charts	Transcript from Audio Tapes
<ul style="list-style-type: none"> - Need info on what AB & BC premiums are for - Need NIHB costs for each community for several years to monitor trends & to project - Details of Administrative costs from Government and Blue Cross for Non-Insured need to be disclosed - All costs for currently insured services i.e. Provincial Health need to be disclosed 	<p>Well, the questions we had, we need more information on what the Alberta and B.C. Premiums are for. We looked at the graphs there and Alberta is getting a lot of money and the question basically was whether the premiums are paying for to get Non-Insured services plus medical services supplying additional non-insured services. You know, I guess that was one of the bigger questions, and how come that came to be.</p> <p>We need the costs for Non-Insured Health Benefits for each community that all inclusive, not just the ones that were handed out, I mean, but how the administrative costs are and, we need to know what the trends are from previous years. September, I think it was '92 when the guidelines were implemented. Before that we had certain costs that were sort of capped by these guidelines, you are denied service, so the cost I guess to some extent didn't rise as quickly as they were. Now, we're going to examine this, but we need all the information. We also need details like the administration costs from the government, the MSB, we need the administration, the breakdown from the Blue Cross contract. We also want to know what the EPF funding, the details of that. How much is the Province charging for administering that, those kind of things, for the Insured and the Non-Insured Services. We need that to be disclosed. I guess this includes all the Insured Services, the Provincial Health needs. We need the Province to divulge that information to us.</p>

Transcript from Flip Charts	Transcript from Audio Tapes
<ul style="list-style-type: none"> - Co-management of determining future forecasts for Non-Insured & Insured services. - Adequate developmental costs for this process 	<p>I forget what this was about. Someone give me a hand.....Yes, okay. The co-management part throws me though. I guess this is when I went for a cigarette, that's why I don't know. If I remember it, I'll come back to it. <i>Stan, I'll give you a hand on that. That was a discussion around determining future costs, because this envelope system is going to put Non-Insured along with community program costs, all Federal health costs are within that envelope system. So this was, we wanted to be assured that the forecasting for future costs is done adequately, by involving First Nations in that process and neither the Federal government nor the First Nations people are qualified to do that type of future gazing, actuarial type of information. So that's where we need a third party, that does that for a living, and mutually agreed by Medical Services and First Nations, so that we are not short changed for future Non-Insured Health Benefits costs. Especially if they de-insure the Provincial health services.</i></p> <p>Thanks, Clarence.</p>
<ul style="list-style-type: none"> - Premiums for out-of-Country health insurance (Blue Cross) should be paid by NIHB 	<p>One of the other points of discussion was the possible payments for out of country health insurance. What was mentioned is that, sure, Blue Cross is available if you want to go and travel there, but you have to pay for that yourself, so, one of the comments was that maybe the health programs should pay for that. There is some available now, in terms of through the coverage with the Manitoba Health Services Commission, to some extent, and then you can buy your own. But I think through</p>

Transcript from Flip Charts	Transcript from Audio Tapes
	<p>training, Non-Insured will pay for some of the coverage there, I believe. Those kind of things. On-going is what was mentioned here. It stems from Treaty. Treaty's a portable right, and those kind of things.</p>

**Southeast Resource Development Council
Interlake Tribal Council and Jackhead First Nation
Working Group (A)**

**Consultation Session
February 15, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
<p>1. <u>Future Management Options</u></p> <p>a) There should be an option #11 - other - based on an agreement of each <u>individual</u> First Nation community - each FN has to decide what is best for themselves.</p> <p>b) There has to be consideration for the development of a Regional Provincial and/or National body through which we could administer health benefits.</p>	<p>We had a bit of a problem on the way the group sessions were coming out, so we just went ahead and decided to go along with what was laid out for us.</p> <p>The question number one, the Future Management Options. Basically what we, after quite a bit of discussion on the 10 options that were presented to us, we agreed that there should be an option added on to number 10. Or after number 10. So the option should be other based - something missing here - the other option that we came up with it should be each individual Nation should decide what's best for them in terms of managing their NIHB. Ah, it should be up to each individual Nation to decide whether they want to go along with the status quo within Medical Services, or any of the other 10 options.</p> <p>There also has to be consideration for the development of a regional, provincial or a national body through which First Nations could administer health benefits.</p>

Transcript from Flip Charts	Transcript from Audio Tapes
<p>2. <u>Core Principles</u></p> <p>a) The draft table of core principles stated by the Assembly of FN is acceptable as it reflects our Treaty Rights.</p> <p>3. <u>Appeal Process</u></p> <p>a) There is a definite need for First Nation representation in the Appeal Process.</p> <p>b) Currently, AMC should provide follow-up to ensure this process continues with input from First Nations.</p>	<p>I had to put these down in sort of recommendations. Our sheet of paper that we had is ten pages long, since I work harder than Clarence Daniels, so.</p> <p>Question Number 2 was in the area of Core Principles.</p> <p>We agreed with the principles that were set out by AFN. The draft table of Core Principles tabled by the Assembly of First Nations is acceptable, as it reflects our Treaty Rights. So that's basically, again we had a lot of discussion on that, but that's the basic recommendation we came down with, Number 2 Question.</p> <p>The third question was in the area of the appeal process.</p> <p>A: there is a definite need for a First Nation representation in the current Appeal Process. At the moment within the Manitoba Region there is an appeal process, but there is no aboriginal representation. My information on this one was, when I kept on asking MSB, is why is there no aboriginal representation, they keep on throwing it back to us that they sent a couple of letters to AMC asking for representation and to this date it's not been brought up to the Chief's Health Committee or to the health technicians.</p> <p>So in terms of B., currently, AMC should provide follow-ups to ensure this process continues with input from First Nations. So if we can get AMChealth staff to follow up with this particular one since they haven't done</p>

Transcript from Flip Charts	Transcript from Audio Tapes
	that within the last two or three years.
c) An Appeal Process will have to be developed for each FN community.	C. An Appeal Process will have to be developed for each First Nations community
4. <u>Client Identification</u>	
a) We need to simplify and use only one card to obtain health services (i.e. Treaty Card with Manitoba Health #).	In terms of Question Number 4, the client identification, basically we stated that we'd need to simplify and use only one card to obtain health services. We again had quite a bit of discussion on what happens when you just show your Treaty Status Card or your Provincial Health Card. A lot of pharmacies will give you a rough time. So, what we're saying from ours is that we should develop a simplified card with the treaty number and also the health number included in it.
5. <u>Contract Negotiations with Suppliers of Services</u>	
a) Each individual First Nation community will negotiate.	Number 5, Contract Negotiations with Suppliers of Services.
B) Upon collective agreement - negotiations will then be brought to Regional, Provincial, National Body.	Each individual First Nation community will negotiate for the services with the suppliers.
	B. Upon collective agreement, negotiations will then be brought to the regional/provincial or national body. So basically the type of discussion we had was that we would be looking at a regional level, either by a Tribal Council, provincial, whether through AMC or a health body, and AFN been the national body.
6. <u>Client Reimbursement</u>	Number 6 was in the area of client reimbursement.
a) The Regional Body administering health benefits for Manitoba FN will be <u>billed</u> directly by service providers.	With that one, basically, we indicated that the regional body administering health benefits for Manitoba First Nations will be billed directly by these service providers.

Transcript of Flip Charts	Transcript of Audio Tapes
	Again with many of these questions that we were asked, we had quite a bit of discussion. In order to put them down into this type of setting I don't think this does this justice.
7. <u>Processing Claims for Payment Received from Providers of Service</u>	Number 7, Processing Claims for Service received from Providers of Service.
a) We would have to set up our <u>own</u> First Nation Agency.	Again many of the discussions that we had sort of overlapped or ran into each other. What we said with that one was we would have to set up our own First Nation agency, and that would either be, that would have to be, at the First Nations, the Regional level, the Provincial level and also at the National level.
8. <u>On & Off Reserve Membership</u>	8 dealt with the on and off Reserve membership.
* Treaty Rights are portable	Basically our position was that Treaty Rights are portable.
a) The Federal Government system will be used to notify service providers of any changes in health care to FN.	The federal government system will be used to notify service provider of any changes in health care to First Nations. Basically, this statement states that we will use the existing mechanism that is there right now.
9. <u>Benefit Issues</u>	On number 9, Benefit Issues
a) We recommend we keep the concept of core NIHB, but <u>also</u> we would add to the list of benefits available to FN <u>Universally</u> .	we recommended that we keep the concept of the core NIHB health benefits, but we would also add a list of benefits which we would make available to our First Nations.
b) Benefits such as:	Other benefits that we would include would be:
- Traditional medicines/herbs	looking after traditional healers, to make sure that they would be compensated for the work that they are doing.

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Nutrition, parenting skills - Mental Health <p>c) Negotiate for additional resources.</p>	<p>There is nutrition, parenting skills, mental health were other topics that we had discussion on.</p> <p>And we would also negotiate for additional financial resources.</p>
<p style="text-align: center;"><u>Overall Recommendations</u></p> <p>1. a) Take this process to the community level</p> <p>b) AMC Ratification</p> <p>c) AFN Ratification</p> <p>d) AFN/MSB Ratification</p> <p>2. Two year Pilot Projects with an evaluation that will determine what works, how improvements can be made, effectiveness, etc.</p>	<p>The overall recommendations that we've got from our group were:</p> <p>1. That this process be taken to the community level</p> <p>there be an AMC ratification,</p> <p>and AFN ratification,</p> <p>an AFN/MSB ratification. And we would also be putting a big dollar sign there. So there should be additional financial resources to make this a possibility.</p> <p>In terms of the Pilot Projects, the two year Pilot Projects with an evaluation component which will determine effectiveness, where to improve, etcetera, so we are going along with that concept.</p> <p>If I've missed anything from our groups, if some of the group members disagree with what I'm saying here, get up and speak now. Other than that, if there are no takers to my challenge.</p> <p>Oh, I've got a challenger here.</p> <p><i>I just want to clarify something. Okay, where we said we would use current MSB's system to deal with Service Suppliers in order to let them know that we are making changes.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>In the initial outset we are going to use the current Medical Services system to contact all those suppliers, so when he said we're using Medical Services system, we're not saying we're staying with Status Quo, we are just going to use the current system to catapult into a new system.</i></p>

**Island Lake Tribal Council
and
Sagkeeng
Working Group**

**Consultation Session
Winnipeg, February 15, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
<p>1. <u>Future Management Options</u></p> <ul style="list-style-type: none"> - Looked and discussed various management options. - Co-Management approach <ul style="list-style-type: none"> - understanding by FN & MSB on how we proceed in future. - Continue with current system until First Nations become more involved. - Authority in decision making powers must be given to FN & recognized by Government in this process. 	<p>Okay, this is from the Island Lake and Sagkeeng had also joined us. We didn't go through the Work Book.</p> <p>We did start discussing different management options and we did go through the options, although there was not one particular option that the group had agreed to. They felt that there was certain parts in each of the management options which were good and we could possibly look at amalgamating some of those options. But as far as deciding on one, we didn't.</p> <p>The first one we were looking at was the Co-Management approach where there would be a better understanding between First Nations and MSB on how we proceeding the future.</p> <p>And there was also some discussion on maybe we should just continue with the current system until First Nations become more involved.</p> <p>And there was also discussion regarding authority and decision making powers must be given to First Nations and recognized by the government in this process</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Q1. If each FN decides how they want program to be managed, ie: independently, how will this affect other FNs in ---- ?</p>	<p>Okay, that's just one of the questions that we had come from the group and that was if each First Nation decided they would manage the program independently, what would the affect on other First Nations be?</p>
<p>Recommendations</p>	
<p>1 Improve information networking from national/Provincial/FN communities; eg benefits available, current management structures.</p>	<p>I guess a lot of people across Manitoba had not received the packages, so there wasn't really a lot of time for the participants to go through them, so there was a recommendation that there would be an improved information networking. And that's coming from the National, Provincial, right down to the grass roots level. And that's both with First Nations and the Federal Government.</p> <p>The reason that the improved information network must happen is the communities must be aware of what the NIHB Program is all about. Right now everybody is not really certain what all benefits apply, they don't know the current management structures that are in place with MSB. The Program to them has to be brought back to the community people. There has to be a person going in and just telling them all about the NIHB Program.</p>
<p>2. A full review of all NIHB/MSB directives and policies includes "<u>TREATY RIGHT TO HEALTH</u>". This review must include the participation & in consultation with FN's authority in decision making must be recognized.</p>	<p>And Number Two Recommendation, that came from our group was that a full review of all NIHB/MSB Directives and Policies should be conducted, which includes the Treaty Right to Health. And this review must include the participation and in full consultation with the First Nations. You must have the authority and decision making and it must be recognized.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>3. Time-frame must be extended to ensure each FN is given the mandate to proceed for their communities. Information must be taken back to the community & decisions on how to proceed must be ratified at community level.</p> <ul style="list-style-type: none"> - Establish Working Groups - Community Consultation 	<p>Our third recommendation was the time frame must be extended to ensure that each First Nation is given the mandate to proceed from their communities. The information that we got today, and other information that's going around, must be taken back to the community and decisions on how to proceed must be ratified at the community level. The participants in our group, I guess because it's such a big Program, they didn't want to take it upon themselves to make a decision on behalf of the whole community. It's very important that this is taken back to the community level for ratification. Some of the suggestions that, well, one of the suggestions was that a working group be established.</p>
<p>4. Recognition of Traditional Healers / Medicines in this process.</p>	<p>Another recommendation that came from our group was the recognition of Traditional Healers and Medicines in this process.</p> <p>I don't know if any of the other people in our workshop would like to add on to any of these. Feel free to do so. If not that's what came from our group.</p>

**Nelson House, Norway House, Cross Lake and Fisher River
Working Group**

**Consultation Session
Winnipeg, February 15, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
<p data-bbox="215 879 415 903">Recommendations</p> <p data-bbox="80 939 194 962">Questions:</p> <p data-bbox="80 1088 405 1113">1. <u>Interim Co-Management</u></p>	<p data-bbox="576 460 1050 667">Good Afternoon. I was the facilitator for the Nelson House, Norway House, Cross Lake and we had some Winnipeg representatives there. A couple of Winnipeg representatives joining our group. These, Nelson House, Norway House and Cross Lake are independent communities with very large populations.</p> <p data-bbox="576 700 1050 843">What we attempted to do was to try to follow the outline that was provided in our guide. However, we got stuck on the Question Number One there, the Management Options. Some communities felt that.....</p> <p data-bbox="576 879 1050 965">Actually we should start from here, this page, because that was the first draft we were working on and we got sidetracked.</p> <p data-bbox="576 1000 1050 1055">I neglected to mention that Fisher River was also part of our group.</p> <p data-bbox="576 1088 1050 1295">On Question Number One there, in regards to management options, one of the communities felt that since some communities are further ahead in the process and some communities are behind, one of the communities suggested that one of the management options that could be looked at is the Interim Co-Management.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - We should have an option to develop and change policies, based on community needs. - Depending on community time-frame. - Funding is based on AFA model - In terms of management, there should be no pre-determined formula. - The community should negotiate management funding based on need. 	<p>And we felt that they should have an option to develop and change policies based on community needs.</p> <p>And depending on the communities time-frame. What we're saying here is, doing this time-frame of Interim Co-Management, the community could be trading with MSB. MSB could train them, however if could be one to two years or three years, however the time-frame is they're looking at. Whenever they are ready they could go to another management option.</p> <p>And the other recommendation we came up with was it should be based on AFA model. The one similar used by Indian Affairs.</p> <p>The third option we looked at was in terms of management, there should be no pre-determined formula. Like in a lot of cases, like in Transfer, there is a management formula in place which is inadequate for many of these larger communities. Such as for example, maybe, in the Transfer Formula, there is only so much money allotted for those management positions. We felt that there should be more negotiations for the community to add whatever they felt was necessary to make the management process work.</p> <p>So the communities should be able to negotiate management funding based on their own needs.</p>
<p>2. Core Principles</p>	<p>Question Number Two, on Core Principles. These are the recommendations we came up with.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>We recognize agree and acknowledge the AFN Core Principles, however we also see the need for each individual First Nation to develop their own principles.</p> <ul style="list-style-type: none"> - AFN Principle 4, (holistic) <p>3. Appeals Process</p> <p>Co-Management Appeals Process.</p> <ul style="list-style-type: none"> - MSB/First Nations Joint Appeal Board. - Appeal Process <ul style="list-style-type: none"> - Local - Regional - National 	<p>We looked at the Assembly of First Nations Core Principles and from there we developed this statement here:</p> <p>We recognize, agree and acknowledge the AFN Core Principles. However, we also see the need for each individual First Nation to develop their own principles at the community level, because each community is unique.</p> <p>We just wanted to expand on this, on the Assembly of First Nations Principle number Four. It ways comprehensive there. We wanted that to be “Holistic”, because it will encompass the whole thing. Mental, Spiritual, Physical, the whole thing in the area of health.</p> <p>Question Three, on the Appeal Process. This is the recommendation we came up with:</p> <p>In terms of, what we tried to do here was, we looked at Co-Management, an Appeal Process if it was set up like that. We realized there would be potential conflicts with MSB employees, with First Nation employees and so what we stated there was, there should be an MSB/ First Nation Joint Management Appeal Process. Appeal Board in place.</p> <p>And the Appeals process, if we wanted to develop it further, there would have to be one at the local level, one at the Regional level and on at the National level, pertaining just to the Co-Management part. But we didn’t expand on it further, but we acknowledged that there should be the local, the regional and the national appeals, they should be in place.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p style="text-align: center;">Recommendations</p> <ul style="list-style-type: none"> - This whole process must be ratified by each respective First Nation(s) - We have to get more consultation funding for representatives: (communication purposes ie audio / video tapes) - There must be funding available for pre-transfer research in all areas of NIHB & MSB. - Consultation funds should be distributed to each community. 	<p>And the other recommendations our group came up with was:</p> <p>this whole process, you know these consultations that are on-going right now, this whole process must be ratified by each First Nation or Nations, whatever the case might be. It should be ratified at the community level.</p> <p>Another, further recommendation to that was we felt we have to get more consultation funding for representatives. I'll explain this further. What we mean here is the representatives attending this Consultation Process right now, they have to take it back to the community level, so that the community is aware of what the Non-Insured Health Benefit process is, and they in turn, the reps. or whoever the community appoints, there has to be communication made to the whole community. Whether it be by audio/video tape, or pamphlets or however you want to distribute this information. We felt it had to be done, because we feel it's very important to be involved at the grass roots level.</p> <p>And there must be funding available for pre-Transfer Research in all areas of Non-Insured Health Benefits. The expenditures, past expenditures, current projected expenditures and also with MSB, Medical Services Branch. Their organizational structure, what their administration costs will be.</p> <p>Further recommendations from our group include Consultation Funds should be made available and distributed to each First Nation.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - The envelope system should be returned to MSB as it is not acceptable. - First Nations should have access to quality drugs, rather than generic drugs. - MSB provide the total administration costs in relation to NIHB. 	<p>Another recommendation we came up with was in regards to the Envelope System. It should be returned to MSB as it is not acceptable to First Nations to try to live within that parameter. Because we feel that Health is a Treaty Right and you should not jeopardize your health rights as it is a Treaty Right.</p> <p>Another recommendation we came up with is First Nations should have access to quality drugs, rather than generic drugs. One of our reps. Brought this up. I guess when you go to a pharmacy to obtain drugs, and if you say your Treaty Number, they'll give you sub-standard drugs. Whereas if you belong to another Insurance Plan, like lets say Blue Cross, they'll give you quality drugs. So there is a sub-standard service been provided here to First Nations people.</p> <p>Another recommendation we came up with is that Medical Services Branch should provide the total administration costs in relation to the Non-Insured Health Benefits, and this includes the administration. I know the Medical Services Branch rep. stated that this will be forthcoming, but we felt this should be provided as soon as possible for First Nations.</p> <p>That is all the recommendations we came up with. Due to the time-frame we did not have time to address the other questions that were outlined in the guide.</p> <p>That is all I have to say for now, unless any of the other people in our group have further recommendations to make, or comments, or whatever.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>I would encourage each of the First Nations that were involved in our group to submit their responses to these questions prior to April, so these could be included as part of the total package when it goes forth to the Task Force.</p>

**Keewatin Tribal Council
Working Group**

**Consultation Session
Winnipeg, February 15, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
<p>1. Consultation on the future management of NIH Benefits must be continued by Medical Services Branch before the completion of the Task Force Report.</p> <p>2. The ratification process must be ensured at the community level - besides ratification by AMC & AFN, this process needs to occur primarily at the community level since this is where the greatest impact will be - once the Task Force report is complete.</p>	<p>Thankyou Mike. Good Afternoon. We came up with about nine recommendations, and we also had a good delegation there, so there is a lot of good input there.</p> <p>The first one, Consultation on the Future Management of Non-Insured Health Benefits must be continued by Medical Services Branch before the completion of the Task Force Report. This is regardless of the fact that submissions are to be made before the end of April and the deadline for the completion of the Report is August. So this would apply also in that if consultation is going to take longer, then so be it.</p> <p>Number Two. The ratification process must be ensured at the community level once the Task Force Report is complete. Okay, besides ratification by Assembly of Manitoba Chiefs and AFN, as previously mentioned by another group, this process will need to occur primarily at the community level. They are the people who will receive the greatest impact here.</p> <p>On the next page I have, the third recommendation actually, I have here with me and I somehow missed it. So I'll go right into that one.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>The First Nations must have the authority to manage and control their own goods and services. And this is in keeping with looking at the ten management options that are listed in that Discussion Paper. This recommendation would then kind of reflect the Self-Government Management Option. We didn't go too much into discussing all those options.</p>
<p>3. First Nations need to access their own NIHB Program & be involved in the tendering process for goods and services.</p>	<p>So the next one here, First Nations need to access their own Non-Insured Health Benefits Program and be involved in the tendering process for goods and services.</p>
<p>4. In order for individuals to access NIHB anywhere in Canada, First Nations adopt Assembly of First Nation draft Core Principles.</p>	<p>And Number Four. In order for individuals to access Non-Insured Health Benefits anywhere in Canada, First Nations adopt Assembly of First Nations Draft Core Principles. Basically, we're saying we agree with them and it covers just about all areas, in contrast to the Core Principles that Medical Services is following right now.</p>
<p>5. First Nations will identify their own management structure for the delivery of NIHB.</p>	<p>And Number Five. First Nations - I guess that's number six - I inserted another one here just a little while ago. First Nations will identify their own management structure for the delivery of Non-Insured Health Benefits. We know that this has been initiated at different levels. The Health Framework Agreement is one and at the North Zone level the option was given to in this case MPO to initiate First Nation control of the North Zone office, Medical Services North Zone office. And that's in progress right now.</p> <p>And this is what this one is about. The question was, like, are communities affected or if they so wish - it's either or - to have their own structure at the First Nation level or another structure</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>6. First Nations must have access to all the necessary information, ie per capita formula, etc. for the purpose of planning. Also, in particular where projections (ie population growth) are required for unanticipated events like natural disasters, progressive disease conditions such as AIDS, complications of diabetes. To acquire yearly stats from MSB right now, they are 2 years behind.</p>	<p>The next one. First Nations must have access to all the necessary information, for example the per capita formula that's used, etcetera, for the purpose of planning. And this is in particular where projections for population growth is concerned and would be required. I think we all know that to look 15 or 20 years the baby-boomers will be the elderly, and of course that's a much greater population and so you are looking at much greater need. Okay, for unanticipated events like natural disasters or progressive disease conditions, such as AIDS, and that was presented to you around noon this afternoon, complications with diabetes and other conditions that will reflect in some cases the elderly. And again, stats also will be required yearly from Medical Services. I'm hearing that they are two years behind.</p>
<p>7. The costs & formula used for transfer payments to the Province must be made available to First Nations.</p>	<p>The next one - the costs and formula used for transfer payments to the Province must be made available to First Nations. We know that they are there, but we are not sure what the costs are and what formula is being used.</p>
<p>8. First Nations will negotiate & hire their own physicians & other medical professionals required for delivery of services to the community.</p>	<p>Okay, the next one. First Nations will negotiate and hire their own physicians and other medical professionals required for delivery of services to the community. And this will reflect one of the previous recommendations that First Nation communities take control of their own program. Because physician services is a part of Non-Insured Health Benefits.</p>
	<p>And actually, that's it. There's a lot of other points that other communities covered and a lot of them are similar to the ones that have been mentioned already. Thankyou.</p>

**West Region Tribal Council
Working Group #1**

**Consultation Session
Winnipeg, February 15, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
<p style="text-align: center;">Core Principles</p> <p style="text-align: center;">Recommendations</p> <ol style="list-style-type: none"> 1. The Federal Government must acknowledge the treaties that are negotiated by our ancestors. 2. The Federal Government must recognize the spirit and intent of the treaties. 3. All health policies, programs and services will have to be based on the spirit and intent of the treaties. <u>NOT ON THE GOVERNMENT'S INTERPRETATION</u> 4. FN's will have to have a collective position. 	<p>Yesterday, when our group started off with going through the Workbook, the Handbook, and there was a lot of discussion on the Federal Government on Treaties, on the Framework Agreement. So this morning our group decided we weren't going to go through the Workbook. We just made recommendations in regards to the Core Principles.</p> <p>I'll read the recommendations the group made.</p> <p>The Federal Government must acknowledge the Treaties that are negotiated by our ancestors.</p> <p>Number Two. The Federal Government must recognize the spirit and intent of the Treaties.</p> <p>And these are based on the Core Principles on Question Number Two of the Handbook, of the AFN's - Health is a Treaty Right.</p> <p>All health policies, programs and services will have to be based on the spirit and intent of the Treaties. And not on the Government's interpretation.</p> <p>First Nations will have to have a collective position.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
5. The core principles must derive from community based First Nation's people to Treaty area to the National level.	The Core Principles must derive from community based First Nation's people to Treaty area to the National level.
6. The above recommendations must be ratified by the First Nations peoples.	The above recommendations must be ratified by the First Nations peoples.
7. More time is needed for the consultation process.	More time is needed for the Consultation Process.
8. That AFN advocate on our behalf to lobby against "the envelope system".	That First Nations advocate on our behalf. Oh! AFN advocate on our behalf to lobby against the Envelope System.
9. Unless these recommendations are dealt with, we are not in a position to discuss the future management of NIHB.	Unless these recommendations are dealt with we are not in a position to discuss the future management of Non-Insured Health Benefits.
10. MSB be exempt from the envelope system until such time that the quality of health of First Nation people be the equivalent/at par to the mainstream society.	Number 10. Medical Services Branch be exempt from the Envelope System until such time that the quality of health of First Nation people be the equivalent of par to the mainstream society.
11. Direct access to Treasury Board for financial access to fulfil treaty obligations for First Nation people.	Direct access to Treasury Board for financial access to fulfil Treaty obligations for First Nation people.
12. The results of the pilot projects should be made available to First Nations in order to make <u>rational</u> and <u>informed</u> decisions regarding the future management options of Non-Insured Health Benefits.	The results of the Pilot Projects should be made available to First Nations in order to make rational and informed decisions regarding the future management options of Non-Insured Health Benefits.

Transcript of Flip Charts	Transcript of Audio Tapes
<p>13. MSB go back to cabinet to extend authority to continue delivery of the NIHB program as is until the result of the pilot projects are made available and complete consultation can be carried out in all First Nations communities.</p> <p>Each Province create their own health commission.</p> <p>National body to be created.</p> <p>All Treaty areas combine to form a partnership</p> <ul style="list-style-type: none"> - Power in numbers. - Enhances continuity of care. - No discrepancies between regions or inconsistencies. - Reinforces treaties. 	<p>Medical Services Branch go back to Cabinet to extend authority to continue delivery of the Non-Insured Health Benefits Program, as is, until the result of the Pilot Project are made available and complete consultation can be carried out in all First Nations communities.</p> <p>When I was talking about Treaties and our recommendations on the Treaties, we elaborated more on the Treaty, Health as a Treaty Right. And made another recommendation that each Province create their own Health Commission.</p> <p>National Body to be created.</p> <p>All Treaty areas combine to form a partnership. And this is the rationale:</p> <p>Power in Numbers. Enhances continuity of care. No discrepancies between Regions.</p> <p>Reinforces Treaties.</p> <p>So these are our recommendations. We had from our group. We didn't really work from our Workbook, because we, the group made a strong - they stood on their feet that they didn't want to work from the Workbook, so we made those recommendations. Because we feel that we're selling our Treaty Rights if we are going to sign that AFA Agreement tomorrow. That's what our group felt, and Gloria's going to elaborate from the West Region Tribal Council for Group 2.</p>

**West Region Tribal Council
Working Group #2**

**Consultation Session
Winnipeg, February 15, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>Thankyou. Gloria Cambell, Health Advisor, West Region Tribal Council. I was more or less assigned to work with our individual respected geographic area, and within our group there was all sectors of people there. We had a couple of Chiefs come in and take a look at the work we were doing, off and on. We had Councillors in our group. We had health co-ordinators. We hand CHR's, we had Band Representatives.</p> <p>So when we first started off, yesterday afternoon, we thought that we should some serious thought on the Non-Insured Health Benefits Task Force. And at the same time there was concern in respect to the fact that the Workbook landed down in Indian country pretty late. In fact, some of our Bands only had two days to look at it. And some of the questions were kind of confusing.</p> <p>So with that, we sort of had a discussion and come to realize that there was some concerns with respect to the information that was given to us yesterday by the Task Force. The Joint Group, AFN, MSB. Talking about a final Report to be completed by the end of August, 1995. This is already February, and there are still other Provinces to proceed with the same work that we're supposed to be doing.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>And that there was also concern with respect to the fact that Consultation could be perceived as being very short-circuit. Meaning that there was only two representatives coming to this gathering here, when there is actually about 75,000 First Nation people in this Province. And keeping it in mind that if you take 61 times 2 it gives you 122 people in difference of 75,000.</p> <p>So with that and keeping in mind that they are going into Cabinet with a joint document, perceived messages coming from these Consultations across the country, and keeping in mind that we looked at AFN's draft Principles (you have five there; on the left hand side there lay the Health Canada's Principles). Especially the fact that the AFN's were in draft format, they are not cast in stone, they're only draft.</p> <p>So who is overpowering who in regards to the Non-Insured Health Benefits position? So keeping in mind that Health Canada would not be there in their positions right now if there was no Indian people needing health care. They are there for a purpose. The Indian people will always be here. So because of the fact that the AFN's Principles remained in draft and that the Treaty Right to Health issue with government has not been resolved, so, there was a lot of concerns in respect to the ten management options there.</p> <p>Some of our people told us that here we are, talking about future Non-Insured Services to Indian people, when on the other hand Health Canada is talking about going out of the Indian Health business.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p data-bbox="183 824 460 851">Major Recommendations</p> <ol data-bbox="87 915 557 1271" style="list-style-type: none"> <li data-bbox="87 915 557 1000">1. That the Treaty Right to Health issue be resolved with the Federal Government of Canada, prior to any new deals! <li data-bbox="87 1031 557 1149">2. That the Treaty Right to Health be resolved between the Federal Government and the Treaty First Nations! <li data-bbox="87 1180 557 1271">3. That Health Canada stay out of the policy development regarding First Nation Treaty Rights. 	<p data-bbox="583 169 1057 788">Caution is that are they going to shove it down our throat, with caps and cuts. And our group is asking you not to perceive our area as being radical or political. But coming in here representing our people could be dangerous, because of the fact we don't know the unknown factors. Perhaps some hidden agendas by government. And that due to the fact that government has not acknowledged the fact that Health is a Treaty Right, therefore it was very difficult to make recommendations from our area. Because we had people from our area sitting at the table. It was very difficult for us to make recommendations on behalf of other First Nations, in Canada, or even in this Province. Because of the fact that government has never acknowledged that Health is a Treaty Right. So therefore it is very difficult to present option managements to other people. Especially the Inuit, there was no Inuit people here.</p> <p data-bbox="583 827 1057 882">So with that we came up with five major, major, major, major, major recommendations.</p> <p data-bbox="583 915 1057 1000">Number One is that the Treaty Right to Health issue be resolved with the Federal Government of Canada, prior to any new deals.</p> <p data-bbox="583 1031 1057 1117">Number Two, that the Treaty Right to Health be resolved between the Federal Government and the Treaty First Nations.</p> <p data-bbox="583 1180 1057 1329">Number Three. That Health Canada stay out of the policy development regarding First Nation Treaty Rights. That was put there specifically because of the fact that First Nations people have the Treaties with the Federal Government</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>4. That the Federal Government deal with First Nations in a Government to Government relationship regarding the Treaty Rights, eg Health.</p>	<p>of Canada. Keeping in mind that Health Canada is only a small branch of the big Federal Government. And in the last thirty-five years Health Canada has been given lots of power. They are the ones that have developed all the policies and procedures and funding formulas. Many times, in absence of Federal Government review, and First Nation review. They have pushed those policies and documents down on the First Nation's people. Perhaps they should stay out of that until such time as the Treaty Right to Health issue is resolved. Sort of sit on the side and wait. Wait for the outcome.</p> <p>Number Four. That the Federal Government deal with First Nations in a Government to Government relationship regarding the Treaty Rights. Example - Health.</p> <p>Keeping in mind again that, money, yes money, was given to this Province. \$110,000 to consult with us. Therefore knowing, I don't know how the negotiations took place for a national budget for the Task Force, but is it not the Government's responsibility to come in the First Nations communities and say "we are eventually getting out of the Indian Health business. We are here to sit down and talk with you. What do you think? How would you like this to happen? How should this be negotiated?" Well, that's not the case! They are doing it on their own. They have a big strategic plan in place, they are going to carry out regardless of what we think.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>5. That Health Canada's Envelope System be rejected by First Nations, due to the fact of:</p> <ol style="list-style-type: none"> 1. Funding restrictions (cuts/CAPS) 2. Bureaucracy 3. Hidden Agendas <p>6. That consultation take place at community level, AMC level and AFN levels, within a time-frame consistent to resolve the Treaty Right to Health issue + comprehensive NIHB understanding within First Nations.</p>	<p>Number Five. That Health Canada's Envelope System be rejected by First Nations, due to the fact of funding restrictions, meaning cutbacks and caps.</p> <p>You heard about the Envelope System here being provided to us yesterday by these two individuals sitting in the front here.</p> <p>Because of the bureaucracy and red tape.</p> <p>Number Three, because of Government's hidden agendas.</p> <p>And that the consultation take place at community level, AMC level and AFN level. Within a time-frame consistent to resolve the Treaty issue. The Treaty Right to Health and comprehensive Non-Insured Health Benefits understanding within First Nation communities.</p>
<p>NOTE: NO ALTERATIONS BY TASK FORCE ON GROUP 1 REPORT</p>	<p>And we made a note there to make sure that the Task Force grasp onto this. There are to be no alterations by the Task Force on Group One Report.</p> <p>At the same time we were aware that there was other groups going on and that they would be coming up with various types of reports. We respect the fact that the people in their working groups presented their issues and ideas. They came up with options of management and keeping in mind too that this is going to happen in other Provinces.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>Our group respects the fact that if people do decide to enter into a Non-Insured Health Benefit management process, that's their version, that's their perspective and it will be respected. And, I guess in so many words our people in our group are very cautious in respect to the Envelope System. If they were going to take over the Non-Insured Health Benefits control, it would have to be in such a manner that it would meet the needs of their people and their Band, not the Government's needs.</p> <p>And to take into consideration that right now the way Health Canada funds First Nations is only on your On-Reserve population. Take a look at your Agreements - you can see it. They do not fund you for Off and On-Population. So, if you're going to look at Non-Insured Health Benefits management, are they going to give you your Off-Reserve population funding? Or are they going to continue turning your people to the Province. So there was a concern with respect to the formula.</p> <p>And to the fact that the Cabinet document also, sending a message of caution, that if it is a joint venture, finally, that a document is going to go in to the Cabinet, so that Treasury Board can give Health Canada a renewed mandate on how to deliver Non-Insured Health Benefits to First Nations people in this country. At the same time, when they go back for that renewed mandate, they're not only going back for money, they are also going back with, I would imagine, perhaps new Directives again coming out.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>What about when the Assembly of Manitoba Chiefs took a position, they rejected all the National and Regional Non-Insured Health Benefits guidelines that were made. Regardless of what the position the Assembly of Manitoba Chiefs took at that time Health Canada still implemented those policies. And how are they going to interfere at the tail end when First Nations take over their Non-Insured Health Benefits. Are they going to be totally out of the picture? You know that has to be, kind of, taken into consideration and I should ask that everybody be very careful in their deliberations on Non-Insured Health Benefits.</p> <p>Thankyou.</p>

**Swampy Cree Tribal Council
Working Group #1**

**Consultation Session
Winnipeg, February 15, 1995**

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Future Management Options</p> <ul style="list-style-type: none"> - FN should be involved at the National level (leadership, tech.) - Each FN should negotiate for the possible management options, ie probationary period and the option of choosing another one. - Management options cannot be decided at this gathering. Information has to go to the community level. - Management options as listed on the discussion paper do not have to be accepted. FN's can design their own. <p>Consultation process with <u>all</u> First Nations has to happen before any recommendations are forwarded.</p>	<p>I guess with the other groups that came before us we all came to a consensus that we couldn't discuss management options that were given.</p> <p>However, some of the discussion that went on with the management options, at least on this Discussion Paper, do not have to be accepted and First Nations can design their own. And along the way we had a Fire Alarm, so it was run for your lives. No, I think it's Mike and Joanne that have to run.</p> <p>Some of the recommendations that are listed on here is a repetition. As I said before, the Consultation Process has to happen with all First Nations before any recommendations are forwarded. And that was a strong voice raised by our group, that the communities need to be involved because this will affect the future generations.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Health as a <u>Treaty Right</u> needs to be recognized by the government, needs to be resolved.</p> <p>If AMC is not here as representative for all Manitoba, how can the questions or concerns be addressed?</p> <p>Consultation process to give communities a better understanding of:</p> <ul style="list-style-type: none"> - AFN - MSB - NIHB - Blue Cross - Information Package - Health transfer agreements - past & present - Transportation \$ - Other issues 	<p>And Health as a Treaty Right needs to be recognized by the Government and also needs to be resolved.</p> <p>One of the other questions that came up was if AMC is not here as representative for all Manitoba, how can these questions or concerns be addressed. This question came about because I think the people that are employees of AMC were not around to answer some of the questions.</p> <p>The communities that were represented in our group want the Consultation Process to get a better understanding of the AFN, MSB, AMC (that includes the Chief's Health Committee) and the Technical Working Group,</p> <p>Non-Insured, Blue Cross, Information packages and the Health Transfer agreements, past and present,</p> <p>Transportation dollars and other issues.</p> <p>And I said before, I think all the Tribal Councils have representatives at this gathering for the past two days cannot make any discussions on the Discussion Paper until they have gone back to their communities and gotten feedback from the membership.</p> <p>So to end my presentation at the end of everything, this is how we all felt. (Picture of Snoopy)</p> <p>Thankyou.</p>

KEEWATIN TRIBAL COUNCIL

Laura Sanderson
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The Keewatin Tribal Council hosted a Health Conference with at least 4 participants from each of its member First Nations. The purpose of the Conference was to encourage recommendations regarding the delivery of Non - Insured Health Benefits. The Conference also served as an opportunity for the membership to voice and share their concerns regarding the services provided to them from Medical Services Branch that reflects the local, zone, and regional level. Many issues and problems raised were those encountered within the nursing stations including physicians and nurses that will require further follow-up. The problems cited by the Working Groups in other areas were categorized with sub-headings and recommendations made under the sub-headings.

Medical Transportation:

The Medical Transportation system needs to be improved.

Recommendations:

- Medical Transportation be reassessed in terms of escort services, long distance travel, specifically for people having to travel eight hours for a medical appointment.
- current Medical Evaluation improve, particularly pertaining to the northern isolated communities.
- First Nations need to have the opportunity to establish contracts with the carrier of their own choice either locally or in larger centres.
- A process for continuous review and evaluation of the transportation system and related services is necessary to ensure patient satisfaction.
- It is of utmost importance that patients be assessed thoroughly and with expedience when a decision has been made to request a medical evacuation, especially in high risk or life threatening situations.

Keewatin Tribal Council

- Compassionate travel must be continued to include all immediate family members when a patient is terminally ill.

Escort/Interpreter Services:

Many participants were concerned about the escort and interpreting service and the need for improvement. Presently, the resources for these services are provided by a contractual arrangement that Medical Services has with Thompson's local friendship Centre. It is apparent that this arrangement is not satisfactory. The Escorts and Interpreters are paid on an on-call basis and an hourly wage.

Recommendations:

- Improving interpretation services for patients i.e. Cree interpreters for Cree patients

NOTE: The Cree language has several dialects according to region, therefore, Cree interpreters with the appropriate dialect should be made available for patients speaking this language.

- Escort and interpreting services are vital to communities and should be continued. Patients who need the service the most are:
 - Patients with language barriers, handicap, or disability;
 - Children under 18 years of age including early teenage pregnancies;
 - Elderly
 - Nursing mothers.

Specialty Services:

The concerns raised emphasize that specialty services provided to First Nation Communities are minimal at present.

Recommendations:

- Prosthetics are essential services for individuals and must be continued as part of Non-Insured Health Benefits, ie wheelchairs, hearing aids, et.

Keewatin Tribal Council

- Dental services must be continued to include:
 - Dentures
 - Caps, Crowns, Braces
 - X - rays
- Specialty Services must be made more readily available and accessible at the community level. This includes:
 - Dental Therapists
 - Counselling Therapists/Psychologists
 - Eye Specialists
 - Ambulance Service
 - Physicians
 - Dieticians/Nutritionists
- Mental Health be on priority list of improvement, community based services to be provided. Patient cannot continue to travel six to eight hundred miles for psychological services.
- Recommended that traditional healing and healers be better recognized.
- Visiting physicians assure long term commitment to communities before entering into a contract with Medical Services. This will provide a more stable continuum of care for those who need Medical care.
- Vision care services for diabetics and others with specific medical conditions affecting their vision must be given special consideration.
- Medical Services Branch must ensure Non-Insured Health Benefits coverage for eligible patients while recognising and acknowledging that an individual has the right to a second opinion and the right to choose and alternate site for health/medical services.
- Medical Services Branch must recognize that patients, due to their allergies and asthmatic conditions, may be sensitive to chemical irritants in boarding facilities and may require alternate accommodations.

Saskatchewan Region

Results of the Consultation Process

Federation of Saskatchewan Indian Nations

**Saskatoon
April 11 & 12, 1995**

1. INTRODUCTION:

In the late summer of 1994 orientation sessions were held with several Saskatchewan Tribal Councils on both the purpose of the Joint AFN-MSB Task Force and the current issues around the Non Insured Health Benefits (NIHB) program. At the Saskatchewan First Nations Regional Summit held in March 1995, First Nations were provided with information on:

- a. NIHB expenditures associated with their membership; and
- b. Workshop orientation materials.

For those Chiefs not in attendance, this package of information was mailed directly to the First Nations leadership. This information was to provide background for the two-day MSB sponsored "Consultation Session on NIHB."

Initially the Joint Task Force had scheduled three meetings with groupings of Tribal Councils in Saskatchewan. However, a number of actions recently taken by the federal government raised some concerns around the federal agenda and its associated time frames. While it was understood that the Joint Task Force on NIHB has a specific set of tasks to carry out, Saskatchewan First Nations believe that these tasks cannot be carried out in isolation of the other activities occurring at both the federal and provincial level. As a result, Saskatchewan First Nations made the decision to meet as a whole to develop an understanding of the issues and to prepare a comprehensive position on the questions put before them. On April 11 & 12, 1995 Saskatchewan First Nations met together in Saskatoon to:

- a. discuss issues around the future management of NIHB;
- b. hear a presentation by members of the Technical Working Group on the Joint AFN-MSB National Task Force on NIHB; and
- c. discuss First Nations specific concerns about the future management of health programs.

Federation of Saskatchewan Indian Nations

2. THE AGENDA:

While the Joint Task Force had prepared an agenda and consultation document, it was determined that Saskatchewan First Nations would take the initiative to develop an agenda that would support a discussion of a number of relevant issues around the NIHB program and its future management. To facilitate the development of an agenda and a process that would be supported by the participants and responsive to First Nations needs, MSB staff were asked to join the workshop after the morning session. The morning of the first day was then dedicated to presentations and discussions around the:

- a. Treaty Right to Health
- b. Proposed federal plan to develop a national Joint Framework decision making process
- c. Current federal environment
- d. Task Force process and timeframes associated with the 'Consultations on the NIHB program'
- E. AFN perspective on the Joint Task Force and the process to date.

The participants were then asked for direction on how they wanted to proceed with the consultation. It was agreed that the Task Force Technical Committee presentation should proceed, but the use of the workbooks was changed to a small working group format that would use a specific set of discussions to provide input into a Saskatchewan position.

Immediately after lunch, the representatives of the Joint Task Force Technical Committee made a presentation on the history and activities of the Joint Task Force and provided an overview of the NIHB program from both a national and regional perspective. After a brief question and answer period with the presenters, First Nations representatives spoke to issues of the Treaty Right to Health and the advantages and disadvantages to participating in this consultation process. The participants were then asked to reconvene the following morning to begin their working group sessions.

3. THE WORKING GROUP PROCESS:

To prepare for the working group sessions, a number of health directors and/or coordinators of First Nations health delivery systems worked together to develop a list of discussion questions that would provide the necessary information to the Joint Task and would also enable Saskatchewan First Nations to communicate their issues and position.

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The following questions were used to guide the working group sessions:

- a. What should the core principles be that guide the Non-Insured Health Benefits program?
- b. What criteria should be used to determine eligibility for benefits?
- c. Should benefits be defined nationally or regionally?
- d. What do you think the Comprehensive/Core benefits of NIHB should be?
- e. What standards should be applied to the delivery of medical transportation?
- f. Under what conditions are we prepared to offer suggestions to the future management of NIHB?
- g. What is the Saskatchewan position regarding pilot projects pending the consensus of all parties on core principles?
- h. Should there be a card identifier developed?
- i. Should there be an appeal process for NIHB services and what should it be if so?

4. A DISCUSSION ON SASKATCHEWAN FIRST NATIONS POSITION ON THE FUTURE BENEFITS AND MANAGEMENT OF THE NIHB PROGRAM:

Saskatchewan First Nations have clearly communicated their goal of developing a comprehensive First Nations health system. More than 90% of Saskatchewan First Nations are in some stage of assuming control over the management and delivery of their health services and programs. While Saskatchewan First Nations are introducing their own health system models, these models do not replace or in any way abrogate the ongoing fiduciary relationship with the Crown which evolved from the Treaties. The participants clearly stated that "Health Services is the fiduciary responsibility of the federal government but all health services and programs must be First Nations Indian controlled with local authority and responsibility with professional input." All planning activities and health agreements have been entered into with the understanding that the Treaties are Sacred and the Treaty Right to Health remain intact.

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The discussion process around the future management of the NIHB program provides Saskatchewan First Nations with another opportunity to further develop their health system. However this development will not occur without First Nations taking every step to protect and honour the Treaty Right to Health and to prevent the Crown from abdicating its responsibilities toward the First people of this land.

Throughout the two-day discussion several participants expressed concerns around:

- a. the position held by Medical Services Branch, Health Canada not to recognize the Treaty Right to Health;
- b. the erosion of the Treaty Right to Health;
- c. the unilateral contemporary interpretation of Treaties;
- d. the unilateral decision making practices of both Health Canada and the federal government on issues that impact on First Nations and the Treaties;
- e. the introduction of the envelope funding system and the implications for health services both now and in the future;
- f. the need for more communication and information about the goals and workplans of the Joint Task Force;
- g. the need for AFN to be an 'equal' partner through the process including the preparation of the cabinet document;
- h. the inadequate funding levels and ongoing 'offloading' activities of the federal government;
- i. the Canadian public's negative perspective on the use of 'tax' dollars with respect to services, programs and land claims for First Nations;
- j. the lack of understanding of the Treaties and the agreements made at the time of their signing; and
- k. the past and existing systems of control through laws and policies which have oppressed First Nations people.

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5. PRINCIPLES

All information shared on the future management of the NIHB program was based on the premise that the following principles are accepted and respected. Saskatchewan First Nations believe there must be agreement to a set of principles prior to the implementation of pilot projects. If there is no agreement, prior to pilot projects, then it is believed that MSB will proceed with the pilot projects using their principles as defined and presented to the Joint Task Force.

The recommended principles for the ongoing management and delivery of programs and services to First Nations are as follows:

- a. Health is a Treaty Right and a First Nation Aboriginal Right
 - i. The spirit and intent of Treaty are the foundation of the Right to Health and health services. (Maskiki).
 - ii. Treaty Rights are held by the person irrespective of residence or financial status.
 - iii. Both the federal and provincial governments are to recognize the Treaty Right to Health.
- b. Health services provided to First Nations shall be comprehensive, universal, accessible and fully portable regardless of residence (on and off reserve, province or country).
- c. The Crown is the primary provider of all health services to First Nations people.
- d. Decision making must be bilateral in process (Crown and First Nations) and legally binding.
- e. Health and well-being are both the focus and the goal of all programs and services.
- f. The NIHB program contributes to the attainment of the improved health status of First Nations. Therefore, programs and services are resources against the assessed need.

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- g. Health services are provided through the fulfilment of the federal fiduciary responsibility.
- h. Health services shall not be diminished.

6. ELIGIBILITY:

The overall guiding principle "*Treaty Rights are held by the person irrespective of residence or financial status*" defines who is eligible to access the NIHB program. Therefore the eligibility criteria would be the band membership as determined by each First Nation government. This would include "*band custom*" defined membership. It was clearly stated, by all working groups, that the introduction of a means test or a restriction based on residency would not be in accordance with the spirit and intent of the Treaties.

Some of the questions that would need to be addressed to support this principle of eligibility include:

- a. How does one ensure all band members have equal access to services under NIHB?
- b. What types of First Nations Authorities (vs MSB), national and/or regional will have to be developed to manage benefit delivery to First Nations from other provinces and to those First Nations living off reserve?
- c. How do First Nations, living off reserve, obtain representation and consultation into this process?
- d. How and who will develop the National Core/Comprehensive Benefit list? Who will make the decisions and what criteria will make them binding?
- e. How will an international agreement between First Nations(ie: USA First Nations and Canadian First Nations) evolve?
- f. How will one bill for services and/or submit for reimbursement from a non First Nation agent? Eg: USA.
- g. How will networking mechanisms between First Nations for billing of service for other First Nations be developed? How will these needs be addressed?

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- h. The elder said that Treaty people are different from the General List, how will First Nations address the need to come to some agreement as to how to bring the two together?
- i. How will the policing and monitoring systems be developed?

7. **BENEFITS:**

The discussion around benefits was guided by the principle that *"Health services to First Nations must be accessible, comprehensive, portable and universal"*.

The criterion of *"universality and portability"* requires that the core program benefits may be defined regionally but applied and accessible nationally. First Nations must have the capacity to flexibly manage the program at the regional, Tribal Council and First Nation level. There must be a capability to modify the core list to meet the special needs of the various regions. In addition the list of benefits needs to be expanded to support services that go beyond the customary definition of health to a comprehensive, holistic understanding of health and well-being.

Once the core benefits list and policies are developed and agreed to, they will not be changed unilaterally but rather a bilateral decision making process will be developed and adhered to by both partners. The benefits of the NIHB program should include but is not limited to the provision of the following:

- a. Mental Health services which includes therapeutic services.
- b. Medical transportation(air, bus, car) accommodation, escorts, meals and compassionate travel. Transportation benefits need to be extended to include transportation to interval/safe homes as well as to victim/abuser therapy sessions.
- c. Medical supplies and equipment for persons in need of physical and mental health aides to independent living and aides to improve the quality of life and activities to daily living. These benefits will be based on need which is assessed by First Nation care providers.
- d. The provision of long term care, respite care and home care services.

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- e. The provision of prescription drugs(using an updated and revised formulary), experimental drugs, over the counter drugs, vitamins and some food supplements
ie. Special infant formulas.
- f. Vision (to include services provided by Optometrist and Opthamologist) and vision aides that include:
 - i. glasses as required
 - ii. contact lenses
 - iii. repair/replacement
 - iv. Repair safety glasses/sunglasses
 - v. invisible bifocals
- g. Dental and denturist services (comprehensive services for all ages)
- h. Physiotherapy services
- i. Chiropractor care
- j. Chiropodist services
- k. Nutritionist services
- l. Alternative therapy
- m. Midwifery
- n. After care and follow up to addictions treatment
- o. Traditional health provision through traditional programs, medicines healers
- p. Preschool services such as speech pathologists, early childhood intervention.
- q. Podiatry services
- r. X-rays, lab tests/equipment services
- s. Radiologist services

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- t. Health education and promotion
- u. Hearing evaluations and aides for hearing.
- v. Psychological testing
- w. Orthopaedic and prosthetic parts
- x. Doctors/specialists - proctologists, pediatricians etc.
- y. Solvent Abuse Treatment services

Other health services and programs that must be in place to enhance effective use of the benefits and result in improved health status include:

- a. Nursing
- b. Traditional healing, medicines and services
- c. Environmental health services
- d. Home care services
- e. Prenatal programs
- f. Postnatal programs - parenting
- g. Hospital services
- h. CHRs services and programs
- i. Chemotherapy
- j. Radiation therapy
- k. Addictions services

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8. STANDARDS:

Equitable distribution of funding should be made fairly to each region so that no one region has more than the other but rather funding reflect the needs of the First Nations people.

Considerable time was spent by the participants discussing specific standards as they apply to the management and delivery of medical transportation services. The following represents some of the minimum standards that need to be considered with respect to the medical transportation service:

- a. First Nations need to have accessible medical transportation that can be provided by an airplane, ambulance, a medical taxi or a bus depending on the medical circumstances and geographic location.
- b. All small vehicles providing medical transportation should meet predefined safety standards and equipped appropriately.
- c. Drivers providing medical transportation should be trained in First Aid.
- d. The vehicle of transport should be smoke free.
- e. Child and infant safety seats should be available in vehicles providing medical transportation services.
- f. Specially equipped vehicles should be provided to transport disabled people to medical appointments.

Other standards that need to be developed and implemented are:

- a. The development of policies where the approval for NIHB benefits and service is through a 'cooperative' effort of First Nation, physician and health staff representatives. Physicians and dentists are not the sole 'gatekeepers' of the NIHB program.
- b. The development and implementation of a "jointly" determined monitoring system to reduce abuse by consumers and service providers and to provide a quality program.

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- c. A method whereby clients are involved in the decision making process. For example critically ill people should be able to request service to meet their needs. ie. mode of transportation.
- d. Guidelines and program services should be determined by First Nations according to geographical area and cultural realities.
- e. All health care service providers should be trained in both first aid and CPR.

9. PILOT PROJECTS:

While there were some feelings that the introduction of pilot projects was premature, generally the participants believed that First Nations are autonomous and would each make the decision as to how and if they wished to become involved in becoming a pilot project.

It was recommended that Pilot Projects should proceed if there is:

- a. an adequate funding provided to meet the needs of the people. The funding should include monies for a training, capital expenses and management infrastructure;
- b. agreement that First Nations are involved in the development of policies and directives, reporting and auditing processes associated with the NIHB program as well as the planning, implementation, monitoring and evaluation of the pilots.;
- c. agreement that the profiles of each community are different and the findings from the pilots should not be generically applied to all First Nations;
- d. a system developed to monitor the impact of the pilots on the national policies and directives;
- e. agreement that the program and its management will accommodate cultural sensitivities;
- f. agreement to timeframes that are set by First Nation and not by Medical Services Branch;

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- g. agreement to an 'opt out' clause that allows the program to be returned to MSB if circumstances warrant such an action and further that MSB will then assume full responsibility for the continuation and provision of those benefits without diminishing these benefits.
- h. careful consideration and agreement to what benefits will be included in the pilot projects. It is not acceptable to put all the NIHB benefits out for transfer at this time.
- i. agreement that should First Nations not participate in these pilot projects that there would not be any negative consequences to non-participation;

The participants also spoke to some of the expectations that should be placed on the approved pilot projects. Some of the requirements of the pilot project process should include:

- a. The requirement to share information associated with the pilot project (status reports, policies etc.). This was an expectation of both First Nations and Medical Services Branch.
- b. There should be a consensus on project terms by both parties.
- c. The core benefits should be defined jointly by First Nations and Medical Services Branch before the pilot projects are started.
- d. It should be understood that agreement to participate in a pilot project does not jeopardize the Treaty Right to Health.

During the discussion on pilot projects, participants referred back to principles of equity and the varying needs of people living in a wide range of geographical locations. Again it was stressed that eligibility for benefits cannot be determined by geographical boundaries as this will force people to stay within this boundary, limiting many life choices of individuals and families.

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10. FUTURE MANAGEMENT OPTIONS:

Participants were reluctant to make recommendations about future management options. As there were concerns about the current administration of the program and a feeling that they did not know enough about the current management system to make informed suggestions. The comments therefore were limited to:

- a. there should be improved systems of accountability by MSB to First Nations with respect to program expenditures. Concern was expressed about the mismanagement of 85 million dollars of First Nations resources. In the past MSB has not routinely provided information on expenditures. If First Nations are going to be involved in joint decision making, they will need access to data and information that will enable a comprehensive analysis of systems and outcomes.
- b. There needs to be agreement to the stated principles, to input into policy and standard development and part of decision making process when MSB makes contract awards.
- c. Benefits need to be recognized and defined in terms of services that are recognized as coming from the Treaty Right to Health.
- d. At this time management should be a joint venture between MSB and First Nations. " 'Copartner' feels better than taking over completely" and "Comanagement and a timeframe is a 'good idea'."
- e. Future management should include, but not be limited to access funding that is based on population demographics, volume increases, need, cost of living, actual increases in costs of material, supplies and services and the provision of an adequate administration budget.

11. APPEAL PROCESS:

There was overwhelming support for the development of an appeal process that incorporates First Nations representation. Saskatchewan First Nations are currently developing a process that will be recommended to the Regional office of Medical Services Branch. Many participants also recommended that consideration be given to the development of an 'ombudsman' position to assist people to obtain their benefits.

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This position should be staffed by a First Nations person. Health Care staff at the First Nation, Tribal Council and FSIN level are currently spending an inordinate amount of time assisting First Nations people to obtain services through NIHB. The creation of both an appeal system and an ombudsman position would help support the delivery of a more effective and sensitive NIHB program in Saskatchewan.

12. IDENTIFIER SYSTEM:

Again there was general agreement that the development and the introduction of an identifier card should be recommended under the following conditions.

- a. First Nations would determine the system that would be most efficient;
- b. A consistent, standardized system based on First Nations band membership codes; the card would be issued by the First Nation government.
- c. Each First Nation person receives a card, the current status card issue system does not address the needs of all band members.
- d. Card developed needs to be secure so easy reproduction is not possible.

The card was not seen only as an identifier but also as a way to track First Nation usage of services. This would be helpful for future health planning.

13. AN ENVIRONMENT OF SCEPTICISM:

Participants expressed concerns that seemed to be grounded in some scepticism, about the reasons for putting the NIHB program on the table for transfer. Statements such as:

- a. "is this another way of down sizing,"
- b. "we are doing the work for them(MSB)."
- c. "Scary" and "confused"
- d. "Have to protect what is left, fear for grandchild";

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e. "Not enough time to discuss these health strategies"

f. "System is rolling over us."

Some of this scepticism is fostered by the conflicting messages being received on a weekly basis about new government processes. In addition there were 'fears' and frustrations expressed about: the erosion of the Treaty Right to Health; the inadequate resources to meet the needs; the ongoing poor health status of First Nations; the limited and controlled timeframes; the number of consultations going on simultaneously; the lack of infrastructure and capacity to assume management; the introduction of the envelope funding system; the agenda of the Business Line Review and the offloading activities of the federal government.

While Saskatchewan First Nations work hard at fostering a good working relationship with the regional and zone staff of Medical Services Branch, there is a general mistrust of the federal government and what the implications for First Nations will be with respect to the restructuring, reform and devolution activities and budget cuts that are taking place in all government activities. A commitment to developing partnerships that are based on respect, recognition and acceptance of the terms of the Treaties will be critical to both the Federal and First Nations governments achieving their goals.

14. GLOSSARY:

Comprehensive Health Services incorporates a broad range of services that includes:

- a. holistic health care that includes both traditional and contemporary systems.
- b. a continuum of services that integrates prevention, intervention, extended care, palliative care, midwifery.

Alberta Region

Results of the Consultation Process

Treaty 6 Tribal Chiefs Association

St. Pauls, Alberta

May 23, 1995

Transcript of Flip Charts	Transcript of Audio Tape
None used or presented	<p>I'd like to read a letter out to you. After that, you may proceed as you wish.</p> <p>Dated May 19th, from the Tribal Chiefs Association of eastern Alberta composed of seven First Nations, and I'm Chief of Saddle Lake First Nation.</p> <p><i>Mrs. Joanne Meyer, Medical Services Coordinator, Assembly of First Nations/Medical Services Branch Task Force.</i></p> <p><i>The First Nations of Treaty Six, in the Province of Alberta, will not be participating in the Assembly of First Nations/Health Canada, Medical Services Branch, consultation session on the future management of the Non-Insured Health Benefits Programs. We hereby provide notice to the Government of Canada that any decisions reached which further reduce our Treaty rights, including decisions regarding Non-Insured Health Services to our First Nations peoples, are not binding upon the First Nations peoples of Treaty Number 6.</i></p> <p>I might add that we are also affiliated with the Confederacy of Treaty 6 First Nations of Alberta, which is composed of seventeen First Nations. And last Friday we had made the decision to object to the so-called consultation.</p> <p><i>We are tired of these disguised attempts by the Government of Canada to hurt our peoples by denying them the health services that they have a full and continuing right to enjoy. The meetings you and other members of the Task Force have made prior to</i></p>

Transcript of Flip Charts	Transcript of Audio Tape
	<p><i>today are merely “presentations” that cannot, to any reasonable person, constitute meaningful consultation. To our dismay, there has been a conscious attempt to circumvent the duly authorized and elected representatives of First Nations in our territory.</i></p> <p><i>Any input provided by our leadership has been largely ignored and the Department of Health continues to institute a series of legislative and policy changes that do not honour the Treaty obligations of the Crown to our peoples. We find these actions to be offensive, harmful and a breach of the Government of Canada’s fiduciary and Treaty obligation.</i></p> <p><i>Yours sincerely..</i></p> <p>(Letter signed by Chief Eric J. Large formally presented to Joanne Meyer)</p>

Treaty 6

Yellowhead Tribal Council Edmonton, Alberta

May 26, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
None Used	None Used

The following letter was received by the Consultation Team at the conclusion of the Presentation. It is reproduced exactly, word-for-word.

*Ms. Joanne Meyers
MSB Coordinator
AFN/MSB Joint Task Force*

Dear Ms. Meyer:

The Chiefs of the Yellowhead Tribal Council have met to discuss the proposed consultation process on the Future Management of the Non-Insured Health Benefits Program of the Government of Canada. As a result of these discussions, a decision was made that the member First Nations of the YTC would not participate nor support any consultation process on any part of our Treaty concerning the Medicine Chest Clause.

Our decision is premised on the fact that no other organization or interest group can speak or make representations on our behalf. In the case of the Assembly of First Nations' participation in this consultation process, we stated on a number of occasions that the AFN cannot make representations on our behalf and any consultation or discussion on Treaty issues is being conducted without our consent. The Minister of Indian Affairs, Ron Irwin, committed to the Treaty Six Chiefs that no discussions would occur on Treaty Six involving the AFN. That understanding is in effect today.

Further, the Chiefs of the Confederacy of Treaty Six First Nations recently entered into a Declaration of Intent with the Government of Canada through the Minister of Indian Affairs that will allow for bilateral discussions to ensue on all areas of Treaty in order to arrive at an understanding on the nature of Treaty, including the Medicine Chest Clause.

In light of these issues, we have concluded that any discussions, present or proposed, on Health Related Issues can only be discussed through the Bilateral Treaty Process. We understand that your Minister, Diane Marleau, indicated her acceptance and support of this bilateral treaty process to the Minister of Indian Affairs. Therefore, any discussions on Health Services, consultative or otherwise, is deemed to be premature and only serves to undermine the upcoming Bilateral Treaty process.

While we have put forward this position, we must again remind the Government of Canada that further reductions to health services, as well as further attempts to deny comprehensive health care services to our citizens must not continue. The Government you represent has an obligation pursuant to Treaty to continue to provide these health services at a level acceptable to our citizens..

We trust that you will heed our advice and guide your actions accordingly. We trust that you will share our views and concerns with the appropriate officials in your department.

Signed:

*Chief Howard Mustas
Alexis First Nation*

*Chief Howard Peacock
Enoch First Nation*

*Chief Alice Strawberry
O'Chiese First Nation*

*Chief Stanley Arcand
Alexander First Nation*

Treaty 7 Working Group One

Calgary, Alberta

June 2, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
<p>CORE PROGRAM PRINCIPLES</p> <p><u>Universality:</u></p> <p>Requires that NIHB services must be made available to all 1st Nation People. Recognized by Bands.</p> <p><u>Accessibility:</u></p> <p>Requires that the services be delivered so that access not be impeded (i.e. direct user charges are prohibited).</p> <p><u>Comprehensiveness:</u></p> <p>Requires that MSB provides comprehensive NIHB to all First Nation People.</p> <p><u>Portability:</u></p> <p>Requires that coverage is provided to all First Nations while visiting other Provinces and the United States.</p>	<p>Okay. Further to what's in the handouts, we wanted included in this, and that is part of the Canada Health Act. So we were going to leave it up to you to include this in your packet.</p> <p>First is the Universality, and we stated that this requires that Non-Insured Health Benefit Services must be made available to all First Nation people. And the last part is still questionable: 'Recognized by Bands'.</p> <p>Accessibility. Requires that services be provided so that access not be impeded.</p> <p>Comprehensiveness requires that Medical Services Branch provide comprehensive Non-Insured Health Benefits to all First Nations people.</p> <p>Portability required that coverage is provided to all First Nations while visiting other Provinces and the United States.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>Public Administration:</u></p> <p>Requires that the plan is administered by a First Nation Authority.</p>	<p>Public Administration requires that the plan is administered by a First Nation Authority.</p> <p>It's just wording the Canada Health Act. So... and whatever it is that you've got in your handouts. We want this amalgamated into the AFN Draft Principles.</p> <p>I think we should put there any added or deleted benefit should be mutually agreed. Because in the past it has always been the government dictating. So we're, the process has to be mutually agreed upon.</p> <p>Okay, and next there's the Core Benefits. We just went by what you had here. That's it. So we went, we just went down the list of existing services and included number 9: "Holistic Healing Services". So, very simple and straightforward.</p> <p>Number Three, the Eligibility Criteria. We took Number Two out and reworded Number One: "The registered First Nation People of Canada, recognized Inuit, Innu and their children up to one year of age." We took Number Two out, and left Three in, the "students and migrant workers living temporarily outside Canada. So, that was that for Number Three.</p> <p>And Future Management Options. I think it was a consensus that we all chose C-Management On-Going. And the reason for that is we felt that if we continued to work with the present MSB people then they will not be able to get rid of us. Basically, we still want to have ties. We still want our foot in your big coffers.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>Basically, those are the four items that we went over. We left the Administrative Elements to Chris's group.</p>

Treaty 7 Working Group Two

Calgary, Alberta

June 2, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
CORE PROGRAM PRINCIPLES	We talked about the Principles and we did kind of move around. We started out by talking about the management process and then we went back to look at the issues around some of the Principles and the other questions, and then came back to the management process.
1. Principles - AFN - Good	I think, clearly, the issue around the Principles under the AFN were good and we wanted to add a few more.
<u>ISSUE ENVELOPE</u>	We talked a little bit about the issue around the Envelope that that was creating a major problem. People felt within the Envelope there wasn't much flexibility or opportunities.
NIHB - CLINIC/Health Prog	And we talked a little bit about you've got two systems here that you are dealing with separate, but they are all one and they're connected. One is the Non-Insured Health Benefits and then the other thing is the Clinics, the Public Health, Immunization, all these things. Part of the process was the fact you really need to be talking about it all together, instead of separately. Because they are all going to create problems.

Transcript of Flip Charts	Transcript of Audio Tapes
<p>ISSUE - DE-INSURE</p> <p>Eye + Others - How do we deal with impact on <u>NIHB</u></p> <p><u>PURPOSE</u></p> <p>FUTURE MANAGEMENT OF NIHB (ADMINISTERED)</p>	<p>A major issue for us was the de-insuring that was going on in Alberta, and what was going to happen, who was going to pick it up, how was it going to be covered? Is this a way that Non-Insured Health Benefits, the federal government, just sort of saying “well, we don’t care”. If the Province does it, then, who cares? You know, you’re insured and paid for your insurance, but if eye examinations are no longer available it’s not the federal government’s problem. It’s your problem, or whoever’s problem. That was just a general concern, how that gets dealt with.</p> <p>The issue again in the same sort of area. In July, you were mentioning that Physiotherapy, the service s are going to be charged under the Regional Health Authorities. We don’t know quite how that’s going to effect us, it could be good or it could be bad. And directly available through the Regional Health Authorities, but will it be enough? Will we have enough Physios? Or will they tell you that because you’re a federal government responsibility they aren’t going to look after you, even if you are covered by insurance. You know, it’s so hard to know, there are so many of these confusing issues.</p> <p>I guess when we talked about the basic structure, we said we’d go through that Number Three, which is that one, it’s that one that basically talks about administration through contribution. It’s the same sort of idea, the sense is not to let MSB off the hook. They want MSB to be together and people were saying, particularly in a transition, there may be some, within Treaty 7, may be some of the Nations have gone to Transfer. And others haven’t. And if you’re doing it under any way</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Have Structure - Go fir 3 - Transfer is inevitable.</p> <p>Treaty Rights to Health</p> <p>Tr. 7 - Develop <u>R.H.A.</u></p> <p>*Scientific Research</p>	<p>that you'd want to have that connection so you'd be working together, certainly through a period of time, until you really understood what was involved. The logistics, the administrative structure working or not working. What happens with change in population composition and what happens with the Provincial Regionalisation, de-insuring, and such things.</p> <p>Again, the sense that Transfer was inevitable. A number of people mentioned that feeling, and, whether that's right or wrong, but that sense that inevitably Transfer is going to be pushed an become inevitable.</p> <p>Treaty Rights to Health.</p> <p>Treaty 7 developing an RHA - Regional Health Authority. That might be a way again to pull together and get a sense of direction and deal with these things in a collective way and have a better voice.</p> <p>We talked a little bit about this issue of the Principles in the sense that there was a financial responsibility, with a financial responsibility, there was a responsibility for outcomes. And it wasn't just giving you the money, the example I think that came up was - you gave us the money for Home Health Care, but not enough to do anything. So the federal government says "Well, we've done our job, we've given you the money, it's your problem." And that much more of it should be related to a basic scientific research about what it is that that money is supposed to accomplish, and then looking at the resources in the relationship to an outcome, and not just saying 'can you give us the money' and that's enough. You kind of walk away from it.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
Health Care Providers Use Resources Better	And again, just the Health Care Providers using the resources better and having that sort of responsibility and how that reflects back up on what the political.
Hard to be Creative when in an Envelope.	Some of these are just comments, again that it's hard to be creative within the Health Service delivery group, with the Health Board and within the staff within, as it's interpreted, within the Envelope System.
Must keep Focus on Health of People.....	And they keep saying that the idea here is to keep it focused, everybody needs to keep it focused on the fact that it's the health of the people.
Health at Bottom of Barrel - Not Priority	Health's at the bottom, and it is, it's the feeling of some of the Chiefs and some of the Councils is that it's at the bottom of the barrel, it's at the bottom of the list and somehow or other we need to get it up higher.
C & C - No Time - Change happening so Fast	The difficulty with communications and the difficulty is that so much is going on about kob creation and housing and self-government, and at the same time the change is happening so fast
Responsibilities different	in these areas that it's getting, it's sort of mind boggling, and people just have difficulty dealing with it. Staff and Health Committee Boards, just really emphasising that.
C & C - Rights must understand - Health Staff & Committee/Board.	Then, in Question Two. What was Question Two?
	<p><i>Bob, I think before we leave this area on that first part, where we have, which one is it, Core Principles, we agreed with the AFN Principles they had, with just a few changes. Like under a clause for the first one they had, the way it was worded. We wanted to just take the</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>TREATY NATIONS CORE - SAME - CANADA (Some Flexibility)</p> <p>1. Health is a - Take Aboriginal <u>Out</u></p> <p>ADD -</p> <p>3: Include - Statement Standards of Health Status & Improvement.</p> <p>APPEALS PROCESS</p> <p>YES -</p>	<p><i>“Aboriginal” out. And that was where “Health is a Treaty and First Nation Right.” You see, when Treaty Nations are saying, when you say Aboriginal, that you are including everybody else, like Non-Status, Meti and all those. So, that’s what we’re saying.</i></p> <p><i>And to also change Number Three, to include the wording on the Standards of Health and the Standards of Improvement. Like what we’re talking about Standards of Health not just what like Bob was talking about, not just for them to give us the resources, but to ensure that they provide us with the resources for on-going, trying to meet those national Standards of Health. Okay?</i></p> <p><i>And Number Three was the, to add on to the, it’s the de-insuring part, like we were talking about, this de-insuring. Like some Regions are different so we have to address it on a Regional basis. We had to state that “Health Services should not be changed without the agreement of First Nations as an example of any Regional de-insuring of Health Services.” We just wanted to add that.</i></p> <p><i>The other thing we’re saying, that these are Core, and that it does leave some flexibility, it’s not saying Principles. I don’t know whether that’s the meaning of Core Principles, but we’re saying it left some flexibility, which I think people agreed with. But yet there would be some very basic ones.</i></p> <p><i>The Appeals Process. We got into that one a little bit. We talked about “Yes”. The issue of benefits being denied must be looked at in terms</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>When Benefits Denied. Based on Circumstances -</p> <p>e.g. Private Clinics - ? Gimble.</p> <p>Independent - Health Board</p> <p>Professional Person Suffering - Deal With - Get Treatment</p> <p>Local - Own process - Tr. & Tribal Council - Do something - Communication</p> <p>(Integrate Social Services - Health - Mental Health)</p>	<p>of the specific circumstances, and it was very hard to generalise, and it should be. An example that was given again was the, at the, Gimble Clinic in Alberta, where you go in, get your eyes done and it's going to cost you lots. But if you wait, it takes so much longer and your sort of getting a two-level system in Calgary developing now. Who has eligibility, anybody with this? Would anybody be allowed to use that? And these would sort of be the contentious issues that would come up in terms of an Appeals Process.</p> <p>There should be an independent, apart from the Health Board, who would provide for this. With professionals involved, and if someone was actually in pain or suffering, that they should have the opportunity to go ahead and get services. They should not be held up in an Appeals Process.</p> <p>And it should be a local process. But there is some discussion as to whether it could be done as Treaty or not, and I think the feeling was that more of it probably needed to be done at a local base, but there might be some coordination between what the various Nations are doing within Treaty 7. But that a lot of this should be done on a local basis and a lot of it would depend on local circumstances, local decision making, which would be different.</p> <p>The sense that professionals should be involved in it, and if the need offered to integrate, You're looking at these procedures that Social Services and Mental Health may also be affected, or may have an impact on what's happening in some of this process. I guess the sense that there should</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Short Time Frame for Appeal</p> <p>Ask C & C - What do in Oct. Have to Pay Prescription Drugs.</p>	<p>be some general rules, with some flexibility in. It's like everything else, you need the rules but you don't want them to strap you in so tight that you can't have some local. And I think the sense was that this needed to be worked out and we were just brainstorming about some of the concepts at this stage.</p> <p>Then we get back again to what is going to happen in Alberta when some of the various prescription drugs are taken off the list, or that brings us back to that issue of who is dealing with this and how is it going to be dealt with.</p> <p>And then back to evaluation process. That it did need to be a very short, short fuse. Shouldn't wait, people need to be able to get the process dealt with quickly, otherwise there is a lot of pain and suffering.</p> <p><i>What we're.....it's to address that letter that you showed us. It's not really a big problem now, you know, but what we're saying here is that we have to bring that message to the leadership. In fact, on Monday we have a meeting going on up in Edmonton, to talk about this, and it's basically what we're doing today. We always have to keep in the back of our minds, although that's what appears on the top, you know, we must be ready to work with the system. And that's what we're saying here, we have to inform our leadership. Let the technicians do their part and they do their part.</i></p> <p>I think the struggle is, how do we get people to listen? Or, how do you get their attention? And it's all the same. We have to do something that's going to be a jolt.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>What guarantee that de-ins will be covered?</p> <p>* Qualifications of Health Comm + Staff Involvement in Process.</p> <p>Eligibility Criteria</p> <p>1. Yes</p>	<p>federal government still has the responsibility under the, their, responsibility to provide health care, and not just drop it off the picture, or out of the picture, and people should still have access to that.</p> <p>And we didn't really talk about it, it was the sense that there is not much negotiation between the Province and the federal government in these areas. What is Alberta doing with this and what impact will it have on First Nations people? And the Province saying that you're a federal responsibility and we're not going to look after you.</p> <p>Qualifications of Health Care. What was that one about?</p> <p><i>I think we were just talking, the members of this group that we're going to put together. We're going to have a professional person, depending which discipline he's under. We would have a, what we're talking about is an independent body. Like today, MSB pays the bills. MSB's the Appeal mechanism. What we're talking about, like in our case the Health Board, if there is an Appeal Board it's going to be outside of that. Impartial. And then the groups would have these members, these professional people and get a community member, they get a member from one of the other tribes.</i></p> <p>We did get into Eligibility Criteria. Chris, do you want to? Yes, we thought that was important.</p> <p><i>We agreed with the present system that was in place and then we're also saying, you asked us if we should create our own I.D. card system.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>4. Set up a Treaty 7 Information Network as a Centralized Info for the Supplier.</p> <p>- This will provide a centralized listing of eligible members.</p> <p>Contract Negotiations.</p> <p>#5 - First Nations must be involved.</p> <p>Regional ?</p> <p>If Transfer - Keep Relationship MSB Don't let them Out of Their Responsibility.</p> <p>Too soon - Don't Really Know.</p>	<p><i>for them to phone to verify that, Yes, this is a Blood Tribe member, and that's his name, that's his Treaty Number. And then, also, the other thing for monitoring, if that individual does qualify for a new set of glasses. Or for monitoring prescription drugs. So we have to try and centralize it. That's what we're saying.</i></p> <p>I think that covers that Network.</p> <p>Contract Negotiations. A little bit about that. We thought it was essential that the First Nations be involved, and again we debated a little bit if it should be Regional or Treaty 7, or what should it be? Or even at the local level. But I think that at the Regional was what we generally thought was the right thing to do.</p> <p>And if Transfer, keep the relationship with MSB. Don't let them off the hook for the responsibility of assisting with this process, because it can be very difficult and take a number of years to develop the skills and just to get it working right.</p> <p>And the sense that it's too soon to know. Just a general sense that needs to be digested, the information. Know what these things are, in detail. It's almost like going through a computer program, you go through and say this is what you have to do and these are the steps in this process. That is very complicated and the sense was that it's hard to understand that unless you have a model or something to work with, that really takes you through.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>Envelope - Transfer Only - Fiduciary Accountability and Responsibility Rest With 1st Nations.</p> <p>Treaty - R.H.A.</p>	<p>Under the Envelope Transfer, only the fiscal responsibility, the financial responsibility and the accountability is transferred, rests with the Minister, stays with the First Nations.</p> <p>And again, the possibility of having a Regional Health Authority help deal with some of these issues. Again, it just generally gets back to that.</p> <p><i>What we're talking about on this, setting up a Treaty 7 Health Authority, this one, this body can also, besides consolidating all the different contracts with the Lab, the X-Rays, the Specialists, this Body could also go out there and negotiate on behalf of drugs, the drug companies, the labs, different labs, for the glasses and all that sort of thing. So we'd have one united. And as a group, it'd be a lot cheaper. We'd get it at a lot better rate, say like the glasses, than if we did it piecemeal at a time. And in that way I think it would be a lot.</i></p> <p><i>There's one area we didn't really write down, we had a general discussion, and that would be the Benefits. And on the Benefits we generally said the same thing as the other group said, but we left the one area of the 9th one and that was for Traditional Healing for each community, if they desire it, if they want to include it.</i></p>

Treaty 8

Fort McMurray, Alberta

May 5, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
<p><u>Draft A.F.N. Principles</u></p> <p>1. Agree generally as is with the addition of:</p> <ul style="list-style-type: none">- Health is a Treaty Right “in perpetuity - as long as the grass grows, the sun shines and the river flows.”- The Crown is the primary provider of all Health services including N.I.H.B. in collaboration/conjunction with the First Nations as per the Crown’s Fiduciary responsibilities.	<p>Welcome.</p> <p>The Group basically agreed with the Principles, the A.F.N. Principles, that were laid out in the package. There were some additions or some areas where we thought there was more need for significant detail.</p> <p>So the first part was that Health is a Treaty Right in perpetuity. In other words as long as the grass grows and the river flows, which is the wording of the Treaty.</p> <p>Secondly that the Crown is the primary provider of all health services including N.I.H.B. in cooperation and/or conjunction with the First Nations, as per the Crown’s fiduciary responsibilities. And we put collaboration and conjunction because in some cases where communities are involved in transfer processes any change to them have to be made in conjunction with the First Nation.</p> <p>But speaking more generally, any changes to core benefits or the eligibility criteria, whatever, that process has to be carried out in cooperation with First Nations, i.e. something like this Task Force.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - First Nations <u>will not</u> become a party to any agreement whereby Health services including N.I.H.B. are delivered as part of a national/regional envelope system. 	<p>Secondly, that First Nations will very definitely not become a party to any agreement whereby health services, including N.I.H.B., are delivered as part of a Regional envelope system. The group thought that was basically a backhanded way of capping Treaty Health, the right to Treaty Health.</p>
<ul style="list-style-type: none"> - The Crown must recognize each First Nation as a distinct entity separate from all other groups. 	<p>Also, that the Crown has to recognize that each First Nation has a distinct entity separate from all other groups, so that it goes back to this point around any changes or any new developments that each First Nation has to be consulted, has to be brought into that process.</p>
<ul style="list-style-type: none"> - Health services <u>must be</u> provided when as needed without regard to financial status or age, and shall be comprehensive, accessible and fully portable regardless of residence on and off-reserve, Treaty area or country. 	<p>Oh, that health services must be provided when as needed without regard to financial status or age, and shall be comprehensive, accessible and fully portable, regardless of residence on and off reserve, Treaty area or country. So that regards to where you are, a Treaty Indian person in this country or anywhere else in the world, that you receive consistent services.</p>
<ul style="list-style-type: none"> - The Crown must be the payer of first resort 	<p>The Crown has to be the payer of first resort, not the last resort, as is the current situation.</p>
<ul style="list-style-type: none"> - Health services and N.I.H.B. benefits must be based on a holistic interpretation of health and include a full range of mental, physical, emotional and spiritual benefits and programming. 	<p>That health services and Non-Insured Health Benefits must be based on holistic interpretation of health and include a full range of mental, physical, emotional and spiritual benefits and programs. That the current range of core benefits, we felt that the range of core benefits was very narrowly defined and was getting more and more so defined.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - The Crown cannot enter into any agreement with the provinces or territories or third parties on behalf of First Nations to transfer any or all of its Fiduciary responsibilities to Treaty Indian persons without proper consultation and agreement of the First Nations. - There must be national consistency in the N.I.H.B. directives and benefits categories. 	<p>That the Crown cannot enter into any agreements with the provinces or territories on behalf of First Nations to transfer any or all of it's fiduciary responsibilities to Treaty Indian persons with our proper consultation and the agreement of the First Nations. And there have been talks to that extent both here in Alberta and elsewhere regarding transferring services and that can't happen with Treaty Health rights unless there is specific agreement of the First Nations to that.</p> <p>And, lastly, that there must be national consistency in the Non-Insured Health Benefits directives and benefit categories so that it can't become, there was talk yesterday that the concept of there been regional interpretation of what was a Non-Insured Health benefit, and that can't happen, the Regions don't have the right to basically dictate what is Treaty and what is not Treaty.</p>
<p><u>Benefits</u></p> <ul style="list-style-type: none"> - The Crown must recognize and respect each First Nations' persons right to select the service-provider - The level and nature of services must be based on the professional judgement of a medical, dental, mental health or traditional healer or practitioner. 	<p>In terms of benefits:</p> <p>That the Crown must recognize and respect each First Nations person's right to select the service provider. In other words, it isn't the right of the Crown to say to the First Nations person, you shall or shall not see the following individuals.</p> <p>And that the level and nature of the services must be based on the professional judgement of a medical, dental, mental health and/or traditional healer or practitioner. In other words, that not only what kinds of services you require, but how much of those services you get, attached specifically to this person's judgement. Its not that there is a list of core benefits which says you shall or shall not</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - The Formulary and core benefits must be reviewed and updated at least once every two years to accommodate new treatments, drugs and other developments in conjunction with the First Nations. - ... and, other health services dependant on the individual circumstances of the patient(s) and/or community. - The level or nature of service cannot be limited by access to service. If the service is not available locally then the person must be transported at the cost of the Crown to the service; regardless of jurisdiction or country. - All health services and special initiatives (i.e. Brighter Futures) must recognize healthy communities on- and off-reserve. 	<p>get whatever, or you shall not get how much of a certain benefit.</p> <p>And that formulary and core benefits must be reviewed and updated at least once every two years to accommodate new treatments, drugs and other developments in conjunction with the First Nations. So that avoids the situation where somebody requires a certain line of treatment or a certain kind of medication, but for whatever reasons it doesn't show up in the formulary or the core benefits. So it stays abreast.</p> <p>And that other health services must be completely tied or completely dependant on the individual circumstances of the patient, patients and/or community so that there is flexibility there, depending on what either the individual Treaty Indian person and/or the community requires. So that it becomes a much broader definition of Other Health Services, than simply, for instance, an Alberta Physiotherapy and some other specific kinds of circumstances.</p> <p>The level or nature of circumstances cannot be limited by access to services. If a service is not available locally, then the person must be transported at the cost of the Crown to the service, regardless of jurisdiction or country. In other words, regardless of where the service is located. Its the Crown's responsibility to get them there.</p> <p>And that all health services and special initiatives, i.e Brighter Futures and the Healthier Communities initiative must recognize healthy communities on- and off-reserve. off-reserve initiative as well.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - The only identification requirement for services for persons over 18 years of age should be the Treaty Status card. All service providers must recognize the Treaty Status card. 	<p>That the only identification requirement for services for persons over the age of eighteen years should be the Treaty Status Card. And all service providers must recognize that card. Here in Alberta there is some differentiation between different service providers whether they will take that or whether you have to have your Alberta PIN number or a combination of other identification.</p>
<ul style="list-style-type: none"> - The Crown must implement a system of special identification cards for health services for Treaty Indian children and youth under the age of 18 years. All service providers must recognize these cards. 	<p>And that the Crown must implement a system of special identification cards for health services for Treaty Indian children under the age of eighteen, and all service providers again must recognize these cards. So this avoids the situation, for instance, where two year Indian child is not living with his or her parents or the parent who happens to be Treaty Indian, so that they have access to services as well.</p>
<ul style="list-style-type: none"> - For Elders and physically and mentally challenged individuals, the method of transportation must be at the patient's choice 	<p>And for Elders and physically and mentally, physically and mentally challenged individuals, the method of transportation must be at the patient's choice. So that we don't have Elders taking fifteen hour bus rides</p>
<p><u>Eligibility</u></p>	<p>In terms of eligibility:</p>
<ul style="list-style-type: none"> - All Treaty Indian persons regardless of residence on- or -off-reserve, Treaty area, jurisdiction or country, age or financial status are eligible. 	<p>basically all Treaty Indian persons regardless of residence on- or off-reserve, Treaty area, jurisdiction or country, age or financial status are eligible.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - Benefits shall continue in perpetuity regardless of whether or not the Treaty Indian person leaves the Treaty area, jurisdiction or country in the short- or long term or on a permanent basis. - Eligible health services must include all changes and costs associated with health education, de-insured benefits (provincial or territorial) and any other health-related costs. 	<p>And the benefits shall continue in perpetuity, regardless of whether or not the Treaty Indian person leaves the Treaty area, jurisdiction or country, in the long or short term or on a permanent basis. Treaty Indian persons who leave, for instance, leave Alberta or leave Canada on vacation or move to the United States or somewhere else in the world still continue to receive services.</p> <p>And that eligible health services must include all changes and all charges and costs associated with health education, de-insured benefits - provincial or territorial - and any other health related cost. So regardless of what kinds of services you are receiving or who you are receiving them from, if there are any other charges or fees associated with that service, those are the responsibility of the Crown.</p>
<p>Councillor Terry Mamter MCFN Councillor Mary Simpson MCFN Shirley Arthurs, CHR FMFN Thelma Donovan, Recep. FMFN Chief Tony Mercredi ACFN Rose Bouchier, Exec. Dir. Mark Amy Trish Merrithew-Mercredi NHB</p>	<p>And then we just signed it off.</p>

Additional Comments from Chief Tony Mercredi

I guess the reason we are saying that, our people, our forefathers, who signed the Treaty signed on the basis of their interpretation of health. For us, for our people, health is not just a physical thing, it is holistic, and so it is on that basis that we are saying this. We would like to bring back what this whole definition of health means.

Chief Tony Mercredi (continued)

This is Treaty specific, not aboriginal. We say this because when you use "aboriginal" it includes other factions, not only Status. For this purpose, Treaty is the operative word.

The other thing too that we want to include is the issue of inherent right. It is a very sensitive issue to First Nations. Why? Because that issue has not been clearly defined, totally defined, has yet to be defined.

Canada is presently proposing or suggesting and getting into agreements with others in Manitoba, and they may include health as one of the provisions of Treaty. And whatever they decide is their business - it should not reflect on or impose on what we decide. In other words, we will set our own standards, we will set our own laws, we will set our own definitions. So, in other words, the way Canada is working right now, as part of their Liberal Red Book, they are looking at Inherent Right in Manitoba, they are looking at Justice in other jurisdictions. They will probably look at health in other regions, maybe in the Atlantic.

They are dividing us, basically what they are doing is taking the Treaty and breaking it up, instead of Treaty One, Treaty Two, Three, whatever, Treaty Eight, Treaty Ten, no longer the same, what we are doing is going to set a new standard by looking at each jurisdiction. I don't know what Alberta would be offered, it could be education, whatever the case may be. So we don't want to be, ah, I can't see a national standard. The only way I see a national standard is if, to have some consistency when it comes to, for example, Non-Insured Health Benefits, to have some consistency right across the board, so the government doesn't impose part of it. So I wouldn't want to see the government define the Treaty for us, we will do that ourselves. And I think that's kind of the thing that Medical Services Branch do, although for my own perspective I don't agree with that. I think its very dangerous agreement to get into. I think this should be done Treaty by Treaty and not by jurisdiction. Each Treaty is different.

Chief Tony Mercredi (continued)

I guess from my perspective, speaking for my own First Nation, is that when it comes to the delivery of services, whether it be on or off Reserve, as the Chief I represent all my people, not only the ones who live on Reserve, but also off-Reserve.

The issue of delivery of services will be determined by my First Nation. I do not recognize other groups, such as the Native Council of Canada, or the Meti Nation of Canada, or any other group who claim to represent our community. They do not represent us.

I represent my people, both in the community and elsewhere. And through consultation with my members off-Reserve, we will determine what services we receive.

Treaty 8

Peace River, Alberta

May 16, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>The position of this room can be capped up in basically one long sentence that says this is a Treaty Right, that it is for all members, in all places, on demand.</p> <p>The whole transfer of monies from, there is to be no loss of resources because of somebodies artificial cap of dollars. There's to be no loss of resources. So money is somebody else's problem, not this room's problem.</p> <p>The position of this room is that everything should go back to Indian Affairs. And their job is to deliver quality service, quality product, and Ottawa's job is to send the cheque.</p> <p>There should be no transfer of resources from Non-Insured. Well, I guess I'd better start back here a little bit, just to keep it in order. Let's start with it so you get the whole picture.</p>
No rep on task force from our Prov Region	Basically, the concern was that there is no representation on the Task Force from the Provincial Region. That's the first one.
- @ least every region should have 2 Chiefs representing their interests	And that at least every Region should have two chiefs representing their interest. Now we're talking about the Provincial Region. Okay?

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - instead of the regional meetings we would recommend community by community meetings. - consultation process appears to be disorganised - lacked clear information in advance as to extent of impact that these discussion were going to have on our people - there should be another round now that community reps can explain the impact, the questions or issues, & let the Chiefs & Councils to work now on the political impact. - This should be an issue for the all chiefs summit on June '95 @ High Level and an approved document be developed on Treaty by Treaty basis. 	<p>And instead of regional meetings we would recommend that there should have been community by community meetings.</p> <p>That the Consultation Process appears to be disorganised and lack clear information in advance as to the extent of the impact that these discussions were going to have on their people. And that that's why the representation - that the reason this came about - is that's why the representation here was such, that Bigstone perhaps had a different understanding of the impact and that's why there is a Chief, the Health Councillor and the Health Manager here and other people don't have that kind of political representation at the meeting. That they did not understand that this is that process.</p> <p>That there should be another round that the community reps can now take back this information that they got and explain then to their Chief and Council what really the issues are here that have to be addressed. Both the political and the technical issues involved. How important those are and then there should be, that this issue should be brought up at the Chief's Summit in June '95 here, at High Level, and that an approved document should be developed on a Treaty by Treaty basis, not a community, not, you know, like, on this kind of basis. So a Treaty 8 kind of basis.</p> <p>So from the Principals point of view, then, we are taking the position here that this is a Treaty Right, ah, which is the government's fiduciary responsibility. That all band members are included under that right, that it's totally portable wherever they are.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<p>On Benefits</p> <ul style="list-style-type: none"> - No transfer of resources to NIHB from other programs. - Politically there should be no need for an appeal process as it is a treaty right & cannot be denied. - Administratively if there is a service denied then an appeal program should be in place to determine if it is covered under Treaty. 	<p>And then, in concert with that then, in terms of the benefits, that there should be no transfer of resources to the, to the Non-Insured Health Benefits Programs from other programs. And that we also obviously believe that also the Non-Insured Health Benefit Program should not be capped.</p> <p>Politically, there should be no need for an appeal process, as it is a Treaty Right and cannot be, it cannot be denied.</p> <p>Administratively, if there is a service denied, then the, that's from a political point of view, administratively, if a service is denied, then the appeal process should be only in place to determine if in fact it is a Treaty Right. If it's a Treaty Right, you deliver it. If it's not a Treaty Right, well then, it's not a Treaty Right. And that's the only process that should be in there. If we buy into the fact that we can go to somebody and appeal whether these shoes should be part of shoes, or that they should be part of health benefits, then we're buying into the fact that there's some limitations, somewhere. And the consensus around this table is there is no line of demarcation. There is no line that we cannot step across.</p>

**Fort McMurray Band #468
Chief Bernice Cree
Fort McMurray First Nation**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p>	<p>We recommend #2, with the stipulation that the First Nation and Inuit Communities work equally with MSB in making any kind of changes or decisions regarding the peoples involved. We must be represented.</p> <p>Also #3, Administration through Contribution Agreement.</p> <p>#2, with full participation of First Nations.</p>
<p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p> <p>If NO, what Program Principles do you recommend for your own community?</p>	<p>Yes</p> <p>As in page 2</p> <p>N/A</p>
<p>Q3. <u>Appeals Process</u></p> <p>Will you implement an appeals process in your community?</p>	<p>In any Appeal Process there must be representation of First Nations when decisions are made.</p>

Workbook Question	Transcript of Response
What type of appeal process do you recommend?	1. That there be 5 Board members; two from MSB and three from First Nations or AFN.
	2. That the Board listen to Appeals and then make decisions.
How will your appeals process work?	1. One board member - 1 vote 2. That the majority decision be recognized.
Do you recommend the present regional appeals process continue?	We recommend a change to suggested new Process (as above).
Should there be a national appeals process?	Yes. With Treaty 8 represented and involved either through Chiefs and AFN
Q4. <u>Client Identification</u>	
Will you use the present method of client identification?	See page 6
Will you create your own identification card?	See page 6 We agreed with all
How will you notify your community members of changes?	We would let our members know of any change in identification criteria through our membership Clerk. This would be done through funds allocated through MSB for this service.
How will you inform the Suppliers of the changes?	The suppliers of services should be informed through MSB
Q5. <u>Contract Negotiations</u>	
Do you want to negotiate your own fee schedules?	No, MSB should negotiate.
Do you prefer to use the fee schedules negotiated by MSB?	Yes
Do you prefer to negotiate directly with the Suppliers of Service?	No, MSB should negotiate.

Workbook Question	Transcript of Response
<p>Q6. <u>Client Reimbursement</u></p> <p>When travelling away from home will your members have to pay first and reclaim the money from the Band?</p> <p>How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p>	<p>No, MSB (Crown) should be first payer of first resort. see page 3.</p> <p>N/A</p>
<p>Q.7 <u>Claims Payment Process</u></p> <p>Will your Community be responsible for Claims Payment?</p> <p>Will you pay these Claims through your own band administration?</p> <p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p> <p>How often would you issue cheques to providers of service?</p> <p>Will you pay Late Charges?</p>	<p>No.</p> <p>No.</p> <p>No.</p> <p>No.</p> <p>No.</p> <p>No.</p>
<p>Q.8 <u>Services to On & Off-Reserve Members</u></p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p>	<p>Refer to pg. 7 MSB should provide all medical services on/off reserve.</p> <p>Through MSB and also through the First Nations Bands themselves</p>

Workbook Question	Transcript of Response
How will you notify eligible members of any changes?	Through MSB and then through First Nations Band offices to the people.
Q.9 <u>Benefit Issues</u>	
Do you want Core Benefits which are universally available and portable across Canada?	Yes
Will you develop your own community list of Benefits?	No.
What Benefits would you provide?	See pg. 5&6
What improvements do you recommend to the existing MSB NIHB Benefit List?	<ol style="list-style-type: none"> 1. That traditional healers be on M.S.B. list as more sick people are going to them. 2. That M.S.B. and First Nations work together and with more communication.

**Lesser Slave Lake Indian Regional Council
High Prairie, Alberta**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p>	<p>The Aboriginal for Profit Corporation to process claims for benefits , but only First Nation communities and/or Tribal Organizations. Transfer complete authority to manage all health programs to Indian Affairs, and we will negotiate future management options with Indian Affairs. No authority should be given to Provincial or National organizations to manage First Nations health benefits.</p>
<p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p>	<p>Any core principles developed must be based on the province with the highest level offered to the clients and should include traditional healers. The province is Alberta. Attached is a list of the principles the L.S.L.I.R.C. believes in. Opportunity needs to be given to First Nations and Tribal Councils to develop and implement their own policies to manage the core principles.</p> <p>Core Principles under which the benefits and services will be administered:</p> <ol style="list-style-type: none"> 1) Comprehensive health is a Treaty Right of First Nations peoples. 2) All health services, including "Non-Insured Health Benefits" are part of the federal government's fiduciary responsibility to First Nations. 3) Health Services must be provided to First Nations peoples in accordance with standards of universality, accessibility, comprehensiveness, portability, and First Nations directions and control. 4) Health Services must be provided using a holistic approach encompassing the spiritual, emotional, social, intellectual, and physical aspects of both the community and the individual.

Workbook Question	Transcript of Response
<p>Q3. <u>Appeals Process</u></p> <p>Will you implement an appeals process in your community?</p> <p>What type of appeal process do you recommend?</p> <p>How will your appeals process work?</p> <p>Do you recommend the present regional appeals process continue?</p> <p>Should there be a national appeals process?</p> <p>Q4. <u>Client Identification</u></p> <p>Will you use the present method of client identification?</p> <p>Will you create your own identification card?</p> <p>How will you notify your community members of changes?</p> <p>How will you inform the Suppliers of the changes?</p>	<p>5) The federal government is the primary provider of first resort for all health services to First Nations people.</p> <p>6) Health Services, as a Treaty Right and as a fiduciary obligation cannot be changed without the agreement of First Nations.</p> <p>7) The federal government is accountable to First Nations for the delivery of acceptable, and comprehensive health services to First Nations communities and individuals.</p> <p>Based on the National core principles on benefits, each local must abide by these principles and the National interpretation (to be ratified by all First Nations) then an appeals process developed in line with each benefit.</p> <p>The Treaty card should be the only card required by service providers. A magnetic strip could be attached to the Treaty card which will contain all relevant client information. To address some of the problem issues confronting our communities, i.e. drug abuse, transportation abuse, this system would be a valuable tracking method. Approvals could be made without phone calls for verification and benefit utilization will be immediately assessed and monitored. This system could be implemented Nationally.</p>

Workbook Question	Transcript of Response
<p>Q5. <u>Contract Negotiations</u></p> <p>Do you want to negotiate your own fee schedules?</p> <p>Do you prefer to use the fee schedules negotiated by MSB?</p>	<p>First Nations must explore the economic opportunities that can be advantaged through this initiative. Working with other provincial delivery bodies could also result in National negotiations with suppliers.</p>
<p>Q6. <u>Client Reimbursement</u></p> <p>When travelling away from home will your members have to pay first and reclaim the money from the Band?</p>	<p>Any receipt submitted must be accompanied with a verification slip from the medical service provider. If the Treaty card option is implemented, no payment would be required by the supplier from the client at any given location.</p>
<p>Q.7 <u>Claims Payment Process</u></p> <p>Will your Community be responsible for Claims Payment?</p> <p>Will you pay these Claims through your own band administration?</p> <p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p> <p>How often would you issue cheques to providers of service?</p> <p>Will you pay Late Charges?</p>	<p>All claims would be the responsibility of this First Nation Administration. Two pay periods would be introduced complete with information on the transition. The highest standard of business ethics would be maintained.</p>

Workbook Question	Transcript of Response
<p>Q 8 <u>Services to On & Off-Reserve Members</u></p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p> <p>How will you notify eligible members of and changes?</p> <p>Q 9 <u>Benefit Issues</u></p> <p>Do you want Core Benefits which are universally available and portable across Canada?</p> <p>Will you develop your own community list of Benefits?</p> <p>What Benefits would you provide?</p> <p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<p>Yes, and portable benefits would be available.</p> <p>We must work towards a National interpretation of benefits and proceed with all diligence. The core benefits should be established and ratified by First Nations. These benefits must be available to all Treaty clients regardless of residence</p>

Duncan's First Nation

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
<p>Q1. <u>Management Option</u></p> <p>What management options do you recommend?</p> <p>What management option do you recommend for your community?</p>	<p>Status Quo. Separate NIHB into a program on it's own, because NIHB will always increase, and this takes away from the programs such as Brighter Futures, NNADAP, CHR, etc.</p> <p>Status Quo. MSB should fight to have NIHB in a department on it's own, handled by MSB or co-management with Indian Affairs, and leave the programming side also on it's own department.</p> <p>Note: the big concern is if last year NIHB was 65%, that leaves only 35% for programming. Duncan's First Nation loses out on programming dollars. If NIHB increases, programming decreases.</p>
<p>Q2. <u>Core Principles</u></p> <p>Do you recommend that there should be nationally applied Core Principles?</p> <p>If YES, what do you recommend?</p> <p>If NO, what Program Principles do you recommend for your own community?</p>	<p>Both Principles - MSB and AFN</p>

Workbook Question	Transcript of Response
Q3. <u>Appeals Process</u>	
Will you implement an appeals process in your community?	Yes
What type of appeal process do you recommend?	Same.
How will your appeals process work?	N/A
Do you recommend the present regional appeals process continue?	Yes
Should there be a national appeals process?	Yes
Q4. <u>Client Identification</u>	
Will you use the present method of client identification?	Yes
Will you create your own identification card?	No
How will you notify your community members of changes?	N/A
How will you inform the Suppliers of the changes?	N/A
Q5. <u>Contract Negotiations</u>	
Do you want to negotiate your own fee schedules?	No
Do you prefer to use the fee schedules negotiated by MSB?	Yes
Do you prefer to negotiate directly with the Suppliers of Service?	No

Workbook Question	Transcript of Response
<p>Q6. <u>Client Reimbursement</u></p> <p>When travelling away from home will your members have to pay first and reclaim the money from the Band?</p> <p>How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p>	<p>Wouldn't recommend this</p> <p>Wouldn't recommend</p>
<p>Q.7 <u>Claims Payment Process</u></p> <p>Will your Community be responsible for Claims Payment?</p> <p>Will you pay these Claims through your own band administration?</p> <p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p> <p>How often would you issue cheques to providers of service?</p> <p>Will you pay Late Charges?</p>	<p>No</p> <p>No</p> <p>Why can MSB have their own system of payment. Stop contracting to Blue Cross.</p> <p>N/A</p> <p>N/A</p>
<p>Q.8 <u>Services to On & Off-Reserve Members</u></p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups?</p> <p>How will you notify eligible members of and changes?</p>	<p>Will leave the system alone. <u>Status Quo</u></p> <p>Status Quo. Leave it all up to MSB</p> <p>Wouldn't. Duncan's First Nation doesn't want <u>transfer</u>. Leave it alone, as is. Just improve the system.</p>

Workbook Question	Transcript of Response
<p>Q.9 <u>Benefit Issues</u></p> <p>Do you want Core Benefits which are universally available and portable across Canada?</p> <p>Will you develop your own community list of Benefits?</p> <p>What Benefits would you provide?</p> <p>What improvements do you recommend to the existing MSB NIHB Benefit List?</p>	<p>Yes</p> <p>Don't wish to develop nothing</p> <p>N/A</p> <p>N/A</p>

Pacific Region

Results of the Consultation Process

B.C. First Nations Health Coordinating Committee

Consultation Sessions

Transcript of Flip Charts	Transcript of Audio Tapes
None	None

As described in Volume One, Section 4, Page 21 of the Joint Task Force Report, the B.C. First Nations Health Coordinating Committee chose not to participate in the Joint Task Force Consultation Process.

**Upper Nicola Indian Band
Merrit, B.C.**

Consultation Report

Transcript of Document

Extract from Letter:

In response to the request for First Nations participation in the **review process for future management of Medical Services resources**, the UPPER NICOLA BAND submits the attached list of concerns.

The list of concerns are not in order of priority nor are they in specific order as outlined in the call for response letter dated December 13, 1994 - however Upper Nicola does have very real concerns regarding health services. It is our belief that our community needs are not in contrast with other First Nations across Canada because the issues were discussed for several years. The following attachment will list the concerns/issues with some applicable examples & recommendations.

For further discussion or clarification please contact the writer or Chief Fred Holmes.

V Cindy Lindley
UNB Councillor

CONSIDERATIONS for the FUTURE MANAGEMENT of MSB

1. Health and health services are an **ABORIGINAL RIGHT**, protected by law under the Constitution Act of Canada.
2. **JURISDICTIONAL BOUNDARIES** prolong the gaps in services to First Nation (FN) people.
Boundaries between the Federal Government - their jurisdiction over "Indians"
Provincial Government with jurisdiction in the area of Health:
Municipal Governments and Hospital Boards.

Transcript of Document

FIRST NATIONS PEOPLE ARE CONSIDERED A COMMODITY, when Governments acquire funding that services are contingent upon, this encourages the debate as to who is responsible for, or who is required by law, to provide service.

Examples of gaps in services are: Home Care Nursing, Long Term Care Nursing and FN Community Schools.

Governments use FN population statistics, acquire the funding and do not want to provide the service.

3. **ENVIRONMENTAL HEALTH** is an area that is continually overlooked. Environmental impacts and inadequate REGULATIONS and ENFORCEMENT on Reserve lands encourages unhealthy developments.

Example: Business' that do not meet Provincial environmental health standards will seek Reserve lands for development because health protection standards on Reserve lands are so low - if existent.

4. **CONTRACTING SERVICES OUT** such as to Blue Cross creates more bureaucracy and is more costly to deliver.

5. The service delivery **EVALUATION STRUCTURES** are unsuitable and inadequate, therefore unable to meet/address community needs.

Example: The Community Workload Increase System (CWIS) is designed and developed in Ottawa, then administered at the local level and it is no longer relevant in determining what is required locally.

6. **INADEQUATE RESOURCING** results in insufficient staffing and services. This has an impact on community members in most need of service, and this is determined by CWIS.

7. **'ON-RESERVE' 'OFF-RESERVE'** eligibility for service must be determined by First Nations not by MSB or Blue Cross.

Transcript of Document

Example: At our local Medical Services office in the Nicola Valley our staff were informed that they are not to provide services to "Bill C-31" members or to students attending the local native college (NVIT).

At the local community level there is no longer the distinction and segregation as to what was known as "Bill C-31" members. They are considered to be members of our community, and, the discriminating laws that disallowed membership were not FN laws. Upper Nicola Band considers any member of the band to be entitled to services whether living on or off the reserve.

8. **MENTAL HEALTH** service needs are far from being met. Although there have been recent attempts to meet these needs through the 'Brighter Futures' initiative there is much to do.

9. All **FUNDING SOURCES** are usually 'piece-mealed' in order to address community needs.

Example: MSB and Indian and Northern Affairs Canada (INAC) are so concerned that bands may by some chance receive too much money, that bands must continually make application and proposals for any services to be delivered to the community.

10. Overall **INADEQUATE SERVICES** to the community in all categories.

RECOMMENDATIONS

1. THAT THERE BE MORE CONTROL AND DECISION MAKING AT THE LOCAL LEVEL.

2. MEDICAL SERVICES BRANCH MAKE ASSURANCES THAT FIRST NATIONS NEEDS ARE BEING MET, THROUGH THE RESOLUTION OF JURISDICTIONAL BOUNDARIES ISSUES.

3. THAT FN ARE NO LONGER A COMMODITY FOR GOVERNMENTS TO GAIN ACCESS TO MORE FUNDING WITHOUT PROVIDING THE SERVICES.

4. DOWN SIZE THE BUREAUCRACY OF MSB IN ORDER FOR MORE RESOURCES TO FLOW TO THE COMMUNITY WHERE IT IS NEEDED.

Transcript of Document	
5.	ALLOW FN COMMUNITIES TO DETERMINE WHO IS A MEMBER AND ELIGIBLE FOR SERVICES.
6.	MAKE THE SERVICES MORE COMMUNITY BASED INCLUDING SERVICE DELIVERY, TO BE BROUGHT RIGHT INTO THE COMMUNITY.
7.	CONTINUE TO SEEK FN INPUT AND PARTICIPATION FOR THE FUTURE MANAGEMENT OF MSB.

Yukon Region

Results of the Consultation Process

Council of Yukon Indians

July 5/6, 1995

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - agree with AFN but some FN's will have own regional (community) Self Government principals - MSB should recognize as a Core Principal the existence of Self Government +>> to work and assist all F.N.'s - Yukon F.N.'s recognize the national perspective but want MSB to realize that we are a "different" region in terms of: <ul style="list-style-type: none"> - self government - geographics - Cost of Living - Cultural - traditional practices - No difference between Status & Non-Status 	<p>Basically, we agree with the AFN, but some First Nations will have own regional or community, whichever you want to use, self-government principles.</p> <p>And under the AFN and MSB have to acknowledge that. MSB should recognize as a Core Principle the existence of the Self-Government, with the forward arrow, to work and assist all First Nations. And this one here corresponds to this one down here, that MSB should allow all First Nations to go along with the process, any process, regarding Non-Insured. So all First Nations will step into self-government health issues more easily. And it's to take the little steps at a time and not those big, big, big steps.</p> <p>Yukon First Nations recognize the national perspective, but want MSB to realize that we are a different region. Big, big, big thing, in terms of:</p> <p>first, self-government; second, geographics, bringing people into Old Crow, because of cost-of-living, etcetera, transportation, even getting the drugs up to Old Crow.</p> <p>And the cost-of-living for everybody.</p> <p>Culturally, but with the traditional practices being, not ignored and not put down on paper, but being there</p>

Transcript of Flip Charts	Transcript of Audio Tapes
<ul style="list-style-type: none"> - MSB should allow all F.N.'s to go along with process so all F.N.'s will step into self-gov't health issues more easily - More F.N.'s people involved in transition >> on stream with people in MSB - Training \$. 	<p>And more First Nations people involved in this transition period, whether it's negotiations, or it's this one we're working on now. On stream with people in MSB. Training dollars can be brought into that, but it's like MSB workers here, there should be people training alongside of them, for the ultimate goal, because of self-government principles, of eventually being community owned or Yukon owned by First Nations. But people working alongside and training dollars available for people to work alongside and be trained and to know what to do.</p> <p>And that's what we came up with. And then somebody else can speak on the next part.</p> <p><i>I guess when you talk about Future Management Options, one of the things that I'd like to recommend is that the self-government, or through the self-government process, we have complete authority to manage all programs at the discretion of the First Nation or community leadership. And that's based on the agreements within the self-government process and it complements the principles.</i></p> <p><i>What Management Option would you consider for your communities? Then when MSB comes to us looking for consultation process, that MSB be mandated to become more educated on the CYI UFA Agreement and the Self-Government agreement, with a mandate to negotiate with each Yukon First Nation for transfer of programs and services.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>In regards to the Principles, the Core Principles for Non-Insured Health Benefits Program, that are applied nationally to all First Nations and Inuit community, one of the things I would like to see in this process is that there be a monitoring and a review process that would complement the five year review of our UFA, to ensure that a new mandate is addressing the Self-Government process. And that's a mandate that MSB is looking for in April of '96. That it be a reflecting of the Self-Government process that's been established in Yukon.</i></p> <p><i>Health services and programs are provided through a fulfilment of the federal government fiduciary responsibilities, in that any billing has to follow in that respect. In cases where Yukon First Nations might be enrolled under an insurance plan that difference from services and program entitlement of MSB, that MSB should be billed first and then we go to the other insurance companies. The code should be reversed.</i></p> <p><i>Fiduciary obligations are to provide health services when and as needed and should be comprehensive, accessible and fully portable regardless of residence. And that's in regards to our First Nations people, whether they be in Alaska, Alberta, B.C. Right now we have a whole issue of jurisdiction that concerns us, and, if we're being recognized by the Department of Indian Affairs, in regards to our Citizenship, that might expand into B.C., then Medical Services Branch has to complement that, because of the obligation, the fiduciary obligation.</i></p> <p><i>The Appeals Process. Under our UFA, we have a process laid out under the dispute resolution, Chapter 26, and this should be utilized to define an Appeals Process. Under the CYI UFA agreement and under that process you have various levels of appeals that would take place and then you talk about a process for Non-Insured Health Benefits then it should complement that process laid out in Chapter 26.</i></p> <p><i>How would the Appeals Process work? As I see it then it would depend on if you required mediation, arbitration or.....?</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>And, do you recommend the present practices of Regional Appeal Process to continue? No, obviously, due to the fact that the Yukon First Nations people were not aware of an Appeals Process within Yukon Region! That if they were not satisfied with the services, then how could they access that service? Yukon First Nations need to obtain information on how and who to contact in an appeals process. You can not provide a service without educating the people to the service that's been made available.</i></p> <p><i>Do you think that there should be a National Appeals Process? Right now, if you are doing it on a government to government basis, in the negotiations, then again it would depend on that negotiations process. There would have to be a Regional Appeals established for Yukon First Nations. You might have an Appeals Process set up in your own community, but it has to be complemented by a Regional Appeals Process. So that will complement your UFA again in your Self-Government Agreement.</i></p> <p><i>Because at the first level, at the community, if you don't come to some kind of resolution over the dispute of the appeals, you have a second level that you can process.</i></p> <p><i>In regards to Client Identification, would you create your own Identification Card for the eligible people in your community? Yes, you might complement all processes. You might issue a card that our people would never have to have an education status card, or a renewable resource card, or a health card. You might make one identification card that would entitle you to all benefits and services that your entitled to as an aboriginal person. As long as you have that Status Card, you would not have to worry about bringing out a Fishing Licence to show to Renewable Resources. You might not have to pull out another card stating I'm entitled to Education, you would have one Citizenship Code Card that entitles you to all services and programs defined within the Self-Government Agreement.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>It says "if you change the way your community members identify themselves for services, how would you let them know of the change in identification card. You can either do it by Public Notice, newsletter, planning meetings, because within our government system in the ??? territory right know I am presently responsible as the director for my clan. I have to inform Cheryl and the rest of the clan members if there's changes that will effect or impact their livelihood. And that's a traditional responsibility, complimenting your self-government process. Now, again, it would depend on if it was negotiated by the First Nations people in the Self-Government Process.</i></p> <p><i>The other opportunity is computer networking. I mean, what is the cost, it's unlimited in regards to Internet. Networking, I mean it's computer. You know, there's possibilities.</i></p> <p><i>In regards to Contract Negotiation with Suppliers of Service, that's exactly it. You are going to negotiate any contract that you have with Suppliers of Service. If your getting medications that are cheaper out of Toronto than China, I mean, your obviously going to make arrangements to negotiate the best deal to complement the service that you are providing for your people. And that would all depend on the service that you take down and what is the requirements in regards to resources to establish that program you negotiated. And any equipment.</i></p> <p><i>Client Reimbursement. Again, I have mentioned this earlier under the fiduciary obligation of the federal government, I would like to recommend that they be responsible first, for billing, and then other agencies are approached for complete reimbursement. Right now, we have used the example of a First Nations member that was a Yukon Territorial Government employee, that was a First Nation ancestry that was registered in the insurance plan, and then he's covered by the Department of Indian Affairs. He had to apply, and he had to fill out two forms. The first been that of the insurance company, and that should never be, because the federal government has the fiduciary obligation. I should bill them for it, and then my insurance company.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>If your community intends to set up an administrative process where a community member can obtain benefits anywhere in Canada without first paying for the benefits and then reclaiming the costs when coming back to the community, please hoe that would work. Again that would be a process for administering of the services, again it could be by networking, invoicing. There's no reason why those processes can't take place. You might be utilizing your central, in your Region, you might have a central administration under the Council of Yukon Indians that Yukon First Nations community can access for invoicing.</i></p> <p><i>How would you process claims for payment received from the Providers of Service? Would you pay these claims through your own Band administration? Yes. I mean, why pay administrative costs to people in the United States through a Blue Cross System when we could establish something in the Yukon, either locally or regionally, depending on the specific program or service involved. Obviously, we might want full control of our programs, but we will set our own priorities as to which ones we take over, and there will be a phase in process. So, if there is a requirement for billing a service, then they will be negotiated and implemented as required.</i></p> <p><i>In regards to "would your community provide services to both on and off-reserve membership?". Of course you would, because our citizenship code has no boundaries for our people. Our people have always been a nomadic people, in the Yukon. They're very nomadic people and we do not tell our people 'you can only travel within these areas of the country. Some of our people, and we all know too, the Yukon First Nations that we also have people in the Inuit that are Yukon First Nations descent and we have to provide those services wherever they are. I think the whole area when you look at both on and off reserve membership, you start differentiating between Status and Non-Status. Our citizenship code does not differentiate people, and that's where Medical Services Branch has to be educated in this whole process of Self-Government. Our citizenship code does not differentiate people, and that's where Medical Services Branch has to be educated in this whole process of Self-Government.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>When we talk about citizenship codes, we do not want our people defined as 'you're not Status and I'm Status'. And that's where MSB have to be educated and start using the language of our people through this Self-Government process. We always are requested to do Needs Assessments or Evaluations on our programs and to differentiate between Status and Non-Status and that does not complement our Self-Government process.</i></p> <p><i>In regards to the Benefits issues. Regardless of residence in Canada, again you talk about On Reserve and Off Reserve. Depending on their requirement outside of Yukon, we would apply all services whether they were out Territory or not. Our people are transported, not at our wishes, but because lack of services available to us in the Yukon. Our people have to be transported out to Vancouver or Edmonton and it's accept no limitations. If we've got an elder that's going out for cataracts to Vancouver and ends up staying there for a period of time and then realizes, oh, he might need glasses, even though we had done the operation, he should be able to access that service right there in Vancouver prior to coming back. You take care of his needs, he's right there, it's accessible. You're not having to transport him all over. It should be - he has to go out for medical treatment, he goes out, and all his needs are met there, then he's transported back to his community. Not stopping over in Whitehorse and having to Mickey Mouse around here and get applications approved and everything. It should be a smooth transition for our people. One of the mandates of the Medical Services Branch now, as we were informed yesterday, was a quality of client services. I want to ensure that mandate complements the Self-Government process when we talk about quality of care.</i></p> <p><i>I'm not sure.....I want to thank the Assembly of First Nations first. I'm not sure where this report is going to end up. I'm not sure how much of an impact we're going to see in regard to changes in the Yukon in regards to this report and this consultation. But I'll tell you, the only impact that we feel confident right now is that we've got a Self-Government Agreement that allows us to negotiate the programs and services that we bring down. When we talk about quality of care, that's what we'll be providing to our citizenship. Thankyou.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>I'd just like to add one part in there at Champagne/Aishihik, we don't wish to own anything at the community level. We would like it at a central level somewhere in the Yukon. When you are talking about how, paying claims, etcetera, Champagne/Aishihik does not wish to own it at a community level because it is not cost efficient. And it may be alright for Tribal Councils, but it's still not cost efficient. That's how our chief and Council and people feel. That a central level is much better for all First Nations people. I just wanted to add that to Marianne's, where we kind of differ there.</p> <p><i>But does that include all your programs for billing? You see, when you talk about billing it might be for medications only. You may want to include that because it might be for the possibility of invoicing. A Champagne/Aishihik member decides he want to reside in ??? for a year, and he has to access SA or NNADAP treatment or any service been provided there, well, we have the opportunity to bill you. That's all I'm covering. In regards to the medications, that's still a process that has to be defined.</i></p> <p>Yes, Marianne. In respect to some things which we do already - yes- DIA programs, we're already doing that, but I just know that our band, we don't want to do, we don't want to have it in the community and be doing it out of our band office. Where it could be done central, where it's done for all First Nations, it's just a phone call away. Because of the extra staff that would have to be hired and it's just not cost efficient.</p> <p>What we have in here (Consultation Workbook) is an Aboriginal For Profit Corporation. That's our main goal, that we answered to one of the first questions. It's that it's done by First Nations people working for the people in the Yukon.</p> <p><i>But it's not limiting those Tribal Councils that might consist of more than three First Nations -no - within the Tribal Council. Because..It's not limiting anywhere, but that's where Champagne/Aishihik is, that it's not cost efficient to have all these extra people in the band office to be doing their claims for certain parts of it.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>Q. Is there anyone else who wishes to comment?</p> <p><i>Sure. First I'd like to go over the four points you have on the Overhead there.</i></p> <p><i>The Core Principles. In reviewing the documentation in our community, we've agreed that we would accept the Core Principles of the Assembly of First Nations, being that Health <u>is</u> a Treaty Right, an Aboriginal Right. And that Health Services is in respect to federal fiduciary responsibility. That's a very important issue with us.</i></p> <p><i>And just on the other Core Principles there, the Crown is the primary provider of Health Services, including Non-Insured Health Benefits. And that Health Services should be available to, either when you require it, regardless of how much money you make or what their status is. And they should be no changes made without the agreement of First Nations. We got down to those, and those we agreed to.</i></p> <p><i>And there was some additions for the Benefits, besides like the Status Quo of the Benefits we receive now. There was for Alternate Medicine, an agreement for Alternate Medicine that a lot of First Nations people recognize that the Western medicine isn't the only medicine that's effective. And with the high rate of cancer in Yukon and other, there's lots of people trying alternative medicine. And also, payment for travel for First Nations medicine, if there's someone who has to travel somewhere to see a medicine person, like within the Yukon. Those are the two additions that we have.</i></p> <p><i>Now the Eligibility Criteria, I know that with the different views that have come from the Health Commission with the Government of Canada and actually Paul Cochrane himself when we had discussed the beneficiary list, the CYI beneficiary list, and we actually had it in writing going back and forth there a few times. But we really would like to have our beneficiary list honoured.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>We recognize all our people as one. And that having money available for just on-Reserve is not acceptable here in the Yukon. Building Healthier Communities, the money that we received, like most Bands in the Yukon are off-Reserve. The situation here in the Yukon is unique and this doesn't apply to us, so.</i></p> <p><i>Also with this Orientation that, when the government, the Government of Canada and all the other people that come from Ottawa, that when there's a consultation with the Yukon First Nation's Health Commission, that the people doing consulting be orientated to the situation here in the Yukon. Specifically to our Land Claims Agreement, the UFA and Self-Governments. And to things like the beneficiary list, we've been amalgamated now for I don't know how many years and it's just that other people are coming from outside always want to split us up and give us money according to these, whatever. And, but we've been united now for, since, let me see, 1971, 1972. 1972. But in consulting with us it would be good the next time the Assembly of First Nations comes up, or Medical Services, that they understand our situation here with our Beneficiary List and where each First Nation is unique and the negotiations are at different stages.</i></p> <p><i>Some have signed their Agreements, which changes things for them, and some have not. And it's quite different compared to the situation outside with the Treaties. You know, talking, referring to Treaty 8, Treaty 7, whatever, we don't know where they are and we've never seen a Treaty. So this situation here is different and it would help us a lot if you could be oriented before we start our meetings. Because the same issues always come up, every time we have a meeting, the Beneficiary List.</i></p> <p><i>Now, there are some things that, when you talked about Eligibility that we do agree. Let's look for this. The option for my First Nation is the Self-Government option. And we would recommend that there be a variety of options available to each First Nation because everyone has different needs as I just said.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>Let me just speak to the Core Principles. The AFN Principles here. The Appeals Process, too, like there is an Appeals Process already set in place in the Agreements and you don't need to have a whole bunch of Appeals Processes. That one is good enough, it should be sufficient.</i></p> <p><i>That we'd prefer to have our own Identification Cards for our own purposes.</i></p> <p><i>That communication with our members would be internal. We have our own Newsletter, we have our own way of communicating with our membership. Meetings, stuff like that. And we definitely want to renegotiate the fee schedules, with the dispensing fees and for negotiating for buying supplies and drugs and stuff like that. Like, we would want a chance to get profits and of course we would want a chance at that. Because we're taking over this and we could see in a couple of years if we did take it over then in a couple of years, yes, we're going to be in the red. And so if there's a way to make it work, we want to try that and by dispensing fees, negotiating our own fees is a way.</i></p> <p><i>The same if it was possible to have a First Nations Health Insurance Company. You know, why pay Blue Cross all that money when we could, you know, pay it to ourselves and have our own system set up.</i></p> <p><i>We've answered all the questions in the Workbook there. I've got mine written, so I'll pass it on to you.</i></p> <p><i>Before we go on from Bengie, one of the things that we have to remember also in the orientation process, that even through this process of Self-Government that we have to acknowledge that in the Yukon we do have six Reserves, and that might be a whole process for your billing. And Tax Exemption. A process that we utilize that has also to be considered. And the other thing is the downsizing of programs prior to negotiations, as in the Self-Government now. And MSB Regional Office really has to become more aware that as a self governing people within Yukon, there is</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>not a need for us to negotiate with the Regional Office, that we do go to Ottawa, to negotiate Government to Government. But the complementary process established by MSB, we're going to sit at the Region, but if the results are not effective at that level for negotiation then we want a clear mandate in that we can always meet Government to Government. The Staff have to be aware of that. We are now a recognized Government, and how they deal with us will be documented and in the Five Year Review those processes could be dealt with. The review process of monitoring and evaluation of how we want to implement Self-Government Agreements. It's the responsibility of both parties.</p> <p><i>When you are talking about Treaty and Non-Treaty I think it was brought up by somebody who was talking to us before you people came back, that not only should you people understand our negotiations, transfers and all this, but also as you need to understand it, and some of us don't understand it, either, but that's not the point. The point is, you understand it, maybe we should also have these AFN Chiefs understanding our unique situation. Because if they negotiate on our behalf in Ottawa, or wherever it is, they're negotiating accordingly to Treaty Rights, etcetera, etcetera, etcetera, and they need to understand our situation in the Yukon. And I think we already requested that someone should have a representative from the western region do these negotiations the last time you were here. And I think that's very important, because we're talking about Section 17 and Section 73, something like this, you people didn't even know about it. Not just the Assembly of First Nations, but also Medical Services, the Government of Canada who signed these Agreements. I mean, like, you know, the Staff, you know Medical Service signed these Agreements and the obligations under these Agreements. Does the Regional Director understand, you know, this government has signed and they are a party to the Agreements too? And then we try, First Nations try, to make those Agreements work and they run into roadblocks because they are still operating down there. It creates a lot of problems. So they need to be, everyone needs aware of these Agreements because they are all legal parties to them.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>And they sign them and then implemented and they are accountable. And they paid all the money to get them, and there's a lot of people that don't understand them. You know, on both sides. Both sides had lots of lawyers working on them. And all them is paid for already.</i></p> <p><i>I guess one of the things for First Nations people who have not entered into a Self-Government Agreement but are still negotiating now is the whole criteria and guidelines for Projects. Especially Pilot Projects. The evaluation process that is set up by Medical Service does not complement what is actually happening in the communities. As the communities find how the Pilot Project is effective for them, then, and it's working for them, and it's meeting their needs at the community level, then it shouldn't have to abide by MSB criteria and guidelines. They have the flexibility within that criteria and guidelines.</i></p> <p><i>The other thing, I have a problem with is in regards to staffing of Medical Services people coming in too. Because of our uniqueness and our geographics, and culturally, we have staff that come into our communities that have no concept of where they are coming to work. And they have to acknowledge that in a big city you might be able to access a psychologist, a therapist, a chiropractor, but when you come into our community, you sit and wait for the resources. And it is frustrating, and no-one can be held accountable until we sit down and start saying these are the biggest needs of our communities, and these are the services. Because, what happens when that professional gets frustrated because of lack of access to services, they begin to take it out on our people. And start informing our people you should be considered lucky because you are still on the gravy train.</i></p> <p><i>And those kind of statements do not complement the quality of client services that MSB is mandated to provide to our people. And the fiduciary obligations to our people. Those kind of things, where our people are intimidated in that way does not work with our people anymore.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>And when we put in complaints and lodge complaints about personnel in our community, it should be really taken into consideration, because all Yukon First Nations right now are at different levels of healing. If you are dealing with issues such as sexual abuse, and you send people in there that are not sensitive, culturally, or geographically, to that area, they become of a bigger risk to us than a help to us in our communities. And, as I said, when complaints are lodged, those have to be acknowledged. If you have more than three in a community, then do an investigation.</i></p> <p><i>And the services that are been provided at the community level, you look at the hours of the Health Centres in our community. Right now, we can only go into the Health Centre fifteen minutes prior to closing, the last time you can go there, so the nurses don't have to spend overtime in their office, shutting it down.</i></p> <p><i>And you know, I mean, emergency service, you don't have an ambulance service that you can access at any time. If the nurse is on call, then she should be on call. You shouldn't have to be intimidated because you did come there at two or three o'clock in the morning. Because if I had a schedule to be sick, it sure would make my work life a lot easier, because then I would know when I was going to get sick.</i></p> <p><i>But people are, that kind of stuff is utilized to intimidate people of how they access MSB services, yet they have a fiduciary obligation to First Nations people. They did not sit down with us and say you know, what kind of services would you like. This is what we are going to provide. And you meet our guidelines. If our guidelines don't work for you, too bad, that's the service you are entitled to. Not under my fiduciary obligation and my rights as a First Nations person. It might be considered to a non-Native person as a privilege, but it's a Right that is granted to us. And the only way we are going to correct it is by sitting down and negotiating a better deal.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>I think I need to add, it wasn't talked about too much, because we had a problem with ours, but I guess for the record if you want to develop your own Non-Insured Health Benefit list, then that's the existing. But our highest point for our First Nations is the Compassionate Travel, because it's really, really hard when you have people not wanting to go if they don't have someone along with them. And it's, we've been working with the doctors and liaison doctor, but it's very, very hard to tell an Elder that no-one can go with him because the doctor says it's fine. And that's the highest on our list, it's Compassionate Travel and I think that it has to be taken into account for all First Nations, because it's happening every week, just about, in the Yukon. And of course, we have the Traditional Medicines, the Traditional Doctors, ????? Care, that's another big one.</p> <p>All the communities, there's still not enough money. A big one we ran into recently was special needs pertaining to life support systems. And our biggest one is liquid food supplements. We just paid a \$2,000 bill, and our First Nation is there and that \$2,000 could have been used for something else where the client. It has to be included on the list because we are running into these things more and more now. And it's not only our community but others as well. But I just wanted to add that the First Nations are doing the things that are needed. That's what we put on our positions.</p> <p><i>In the last few days, I sat back and I've listened to some of the testimony from some of our First Nation members. It's about time that they started seeing us eye to eye and government to government basis and they recognize us as an individual government, and also start to recognize that First Nation's lists, our lists, as they are not providing us as they are in other provinces and territories. We have and I'm sure all these individual First Nations have their lists. They have to meet, you see, we have guidelines within our Constitution, and you should recognize that, not the D.I.A. list. In the process of devolution, there should be some process for negotiation, I don't know how it would work, how we are going to go about it and whether we want to go about it as individual First Nations or Tribal, and transfer to Tribal or Central.</i></p>

Transcript of Flip Charts	Transcript from Audio Tape
	<p><i>Also, Medical Services Branch should make it a priority to start hiring First Nations people within the system. Because they are the ones that understand our people, where we are coming from culturally, not as someone just mentioned here, someone that comes in from outside. They should make that a priority. There are people in there, but there should be more people in there. They've got to have more people in there that understand us and where we're coming from.</i></p> <p>In regard to some of the national health benefits expenditures that we received yesterday, I have a recommendation that I would like to make to the Medical Services Branch Headquarters. Maybe something that could assist us in the high cost of people being transported to medical specialist clinics. Right now when someone goes to Vancouver you're looking at paying as much as \$540 to fly out of the Yukon. We have no control over that vehicle. And when people are transported out and then you look at their accommodation that's provided for the individual and how they access the specialist care, and I look at the transportation sitting at 27.08 percent, not looking at the administrative costs, is that there's something to be considered by Medical Services Branch in regards to our geographical costs of transportation of living in the Yukon. You pay almost, I'm not sure if it's gone up, but almost anywhere from between \$500 and \$600 for somebody to be medevac out of Old Crone into ??? and that might be for special clinics or for what, and the airfare costs within the Yukon in rural communities.</p> <p>The other area is in regard to prescription drugs and dental care. I really have a problem with that and the amount of preventative care that's provided. You should have preventative care, education, out there, health promotion, sitting at fifty percent. There has to be more education and health promotion been provided to complement the work of the Community Health Reps in their communities. Right now your Health Centres only provide medication and diagnosis of our diseases, you know, and dealing with symptoms. And maybe if they did a little bit more health promotion within their Health Centres.</p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p>Right now in the community that I'm from, you have a population of 672 people, you have two good nurses there, and those two nurses have to be in the office at all times. Plus they have a clerk. There's no need for that. There's no reason why one of those staff members can't be running health promotional programs in conjunction with the Community Health Rep. There isn't that big of a demand that, you know, maybe they have to provide the stats of how of the people use their services so that they can start looking at doing more health promotion at the outposts, at the Health Clinics. Because there is nothing on there. I've never seen anything within the documents that was provided to me, unless it's covered by Other Health Services, which sometimes sits anywhere from five to ten percent. And maybe that's what has to change. Provide us the information and the education and maybe we can start taking more of the responsibility for our own health., Because, like, we have seen an improvement since 1987 when the Community Health Reps came on stream. Because people aren't intimidated within our communities approaching a CHR and telling them what their problem is. And I've done needs assessment, we've all done needs assessments within our communities. I did one in 1987. I did one on Brighter Futures in 1992, and I can see a difference in the percentage of social problems that are affecting our people. It's changing. Medical Services doesn't acknowledge it, because it's not under their database criteria of how we collect it. But I'll tell you, our people are a lot more open to sharing the information with their own people than having non-native people come in and do a needs assessment. But I wanted to reassure you that our people are getting healthier.</p> <p><i>Yes, I was wondering about like home care for the elderly people and the people that need a nurse in their home. Some of them need a person there constantly, you know, twenty four hours. I was wondering if there would be more money to pay these people to do the home care and stuff like that. Because now it's only out of your social programs and that's where the money is coming from. And they're only getting from two to three, four hours a week and those people are lacking the medical, they're lacking the care.</i></p>

Transcript of Flip Charts	Transcript of Audio Tapes
	<p><i>And they're not getting the proper care because of lack of money or funding to do that..</i></p> <p><i>And I was wondering if there 'd be a way that they could be able to hire a person to do the home care for those people. Some of them, they can be home alone at night and stuff like that, but some of the others, maybe two or three of them, can't. It's hard to see, like now, the family has to help and there's two or three people that don't have families. And they need an area to take care of their needs. But the other ones, the families are in there to take care of their needs, and stuff like that. I was just wondering if there would be more money for home care people for the elderly and the people that are coming out of the hospitals.</i></p> <p>I have a question. With the complaint yesterday about the hotel in Vancouver, does Medical Services up here actually check to find out what kind of hotels there putting our people in? And with the complaint from yesterday about the hotel segregating our people that are in Vancouver, what is Medical Services going to do? Are they going to ensure that we start getting treated better?</p> <p>And the Appeals Board. Who is on the Appeals Board and how do we access it?</p>

**Champagne / Aishihik First Nations
Yukon**

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
Q1. Management Option	
What management options do you recommend?	Combine #2 (Co-Management) and #7 (Conditional Transfer) for 5 years. Review after 5 years and the main goal is #6 (Unconditional Transfer) with maybe #4 (Private Health Insurance plans).
What management option do you recommend for your community?	All of the above except, the main goal is #10 (Aboriginal for Profit Corporation).
Q2. Core Principles	
Do you recommend that there should be nationally applied Core Principles?	Yes, with the AFN principles
If YES, what do you recommend?	
If NO, what Program Principles do you recommend for your own community?	
Q3. Appeals Process	
Will you implement an appeals process in your community?	Yes.
What type of appeal process do you recommend?	<ul style="list-style-type: none"> a) In the Yukon b) Board members are First Nations c) No MSB people d) Central organization - use the Health Commission e) community level

Workbook Question	Transcript of Response
How will your appeals process work?	1) Health Commission level 2) Central CYI and/or Chiefs 3) National
Do you recommend the present regional appeals process continue?	No.
Should there be a national appeals process?	No. No national appeals - leave them for regional policy
Q4. Client Identification	
Will you use the present method of client identification?	No, we would use own C/A cards from the beneficiary list
Will you create your own identification card?	Yes. Own picture I.D. card
How will you notify your community members of changes?	Membership, CHR, Newsletter, GA (General Assembly)
How will you inform the Suppliers of the changes?	Data base, computer cards, computerized
Q5. Contract Negotiations	
Do you want to negotiate your own fee schedules?	No, this would be done by the Health Commission - Central level
Do you prefer to use the fee schedules negotiated by MSB?	Working with but not using totally
Do you prefer to negotiate directly with the Suppliers of Service?	Same as above - use Central Health Commission

Workbook Question	Transcript of Response
<p>Q6. Client Reimbursement</p> <p>When travelling away from home will your members have to pay first and reclaim the money from the Band?</p> <p>How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p>	<p>Canada wide - computerized with option of self pay i.e. - because some areas in Canada so not have drug stores that will take Status Cards</p> <p>Existing way</p>
<p>Q.7 Claims Payment Process</p> <p>Will your Community be responsible for Claims Payment?</p> <p>Will you pay these Claims through your own band administration?</p> <p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p> <p>How often would you issue cheques to providers of service?</p> <p>Will you pay Late Charges?</p>	<p>Community does not wish to own any of this if possible. We would like this done through a Central level.</p> <p>Central level.</p>
<p>Q.8 Services to On & Off-Reserve Members</p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p>	<p>N/A - Use of First Nations beneficiary list - all equal wherever they are</p> <p>N/A - Use of Beneficiary List</p>

Workbook Question	Transcript of Response
How will you notify eligible members of and changes?	Same as #4
Q.9 Benefit Issues	
Do you want Core Benefits which are universally available and portable across Canada?	Yes
Will you develop your own community list of Benefits?	Yes, in the future.
What Benefits would you provide?	All existing and would add compassionate travel, traditional medicines and traditional doctors, chronic care, time eligibility for teeth, glasses, etc. Quality products, extra Mental Health Workers, special needs pertaining to life support, i.e. liquid food supplements.
What improvements do you recommend to the existing MSB NIHB Benefit List?	As above.

Ta'an Kwachan Council

Transcript of Consultation Workbook

Workbook Question	Transcript of Response
Q1. Management Option	
What management options do you recommend?	A variety, each First Nation needs a management option to suit their own needs.
What management option do you recommend for your community?	8 - self government
Q2. Core Principles	
Do you recommend that there should be nationally applied Core Principles?	Yes.
If YES, what do you recommend?	AFN Core Principles.
If NO, what Program Principles do you recommend for your own community?	
Q3. Appeals Process	
Will you implement an appeals process in your community?	Yes
What type of appeal process do you recommend?	<ol style="list-style-type: none"> 1) The Conflict Resolution Process outlined in the Yukon First Nations Self-Government Agreements. 2) A two-year process locally based: <ol style="list-style-type: none"> a. A committee of community members who work on a consensus, that may have professionals to advise. b. A regional council such as the Southeastern Tutochone Tribal Council.

Workbook Question	Transcript of Response
How will your appeals process work?	The Conflict Resolution Process, see 76 as outlined in the Yukon First Nations Land Claims Agreement, Umbrella Final Agreement.
Do you recommend the present regional appeals process continue?	Only until the new Appeals Process is implemented.
Should there be a national appeals process?	No.
Q4. Client Identification	
Will you use the present method of client identification?	An Identification Card
Will you create your own identification card?	Yes
How will you notify your community members of changes?	Through the community newsletter and other mail-out communications.
How will you inform the Suppliers of the changes?	Use the same system MSB presently uses.
Q5. Contract Negotiations	
Do you want to negotiate your own fee schedules?	Yes.
Do you prefer to use the fee schedules negotiated by MSB?	No.
Do you prefer to negotiate directly with the Suppliers of Service?	Yes.
Q6. Client Reimbursement	
When travelling away from home will your members have to pay first and reclaim the money from the Band?	Yes.

Workbook Question	Transcript of Response
<p>How will your administrative process work to maintain portability without the client having to pay for the Benefit first and then reclaim later?</p> <p>Q.7 Claims Payment Process</p> <p>Will your Community be responsible for Claims Payment?</p> <p>Will you pay these Claims through your own band administration?</p> <p>Will you pay Claims through another agency, such as Blue Cross or a similar First Nations company?</p> <p>How often would you issue cheques to providers of service?</p> <p>Will you pay Late Charges?</p> <p>Q.8 Services to On & Off-Reserve Members</p> <p>Will you provide service to both On and Off-Reserve Members?</p> <p>If you are providing services to both on and off reserve please describe how you will advise both groups.</p> <p>How will you notify eligible members of and changes?</p> <p>Q.9 Benefit Issues</p> <p>Do you want Core Benefits which are universally available and portable across Canada?</p>	<p></p> <p>Yes.</p> <p>Yes.</p> <p>- may consider it. - may prefer to set up our own system.</p> <p>Every 2 weeks.</p> <p>No.</p> <p>Yes.</p> <p>Through community newsletters to members on our Membership List.</p> <p>Through the community newsletters.</p> <p>Yes.</p>

Workbook Question	Transcript of Response
Will you develop your own community list of Benefits?	Yes.
What Benefits would you provide?	<ul style="list-style-type: none"> - Payment for Alternative Medicine - Payment for travel to a First Nations Medicine Person - Plus Status Quo Benefits.
What improvements do you recommend to the existing MSB NIHB Benefit List?	<ul style="list-style-type: none"> - Payment for Alternate Medicine as Prescribed. - Payment for travel to First Nations Medicine People.

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